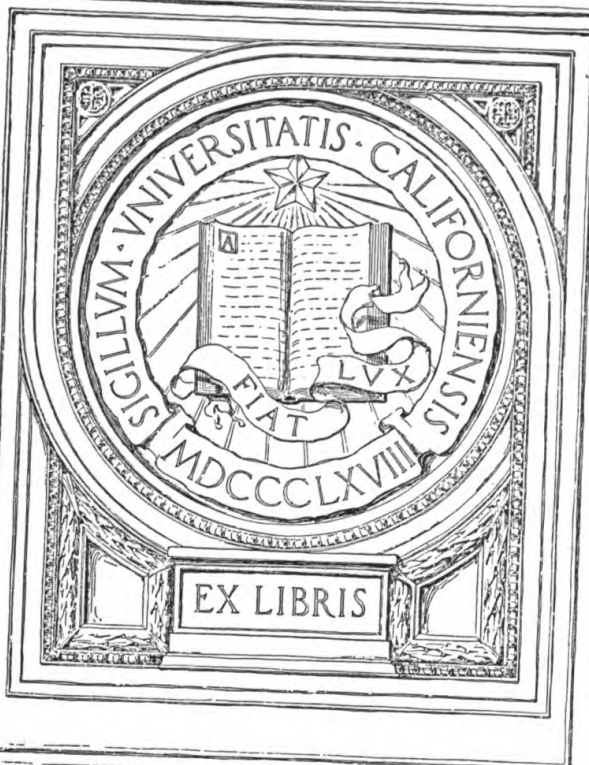
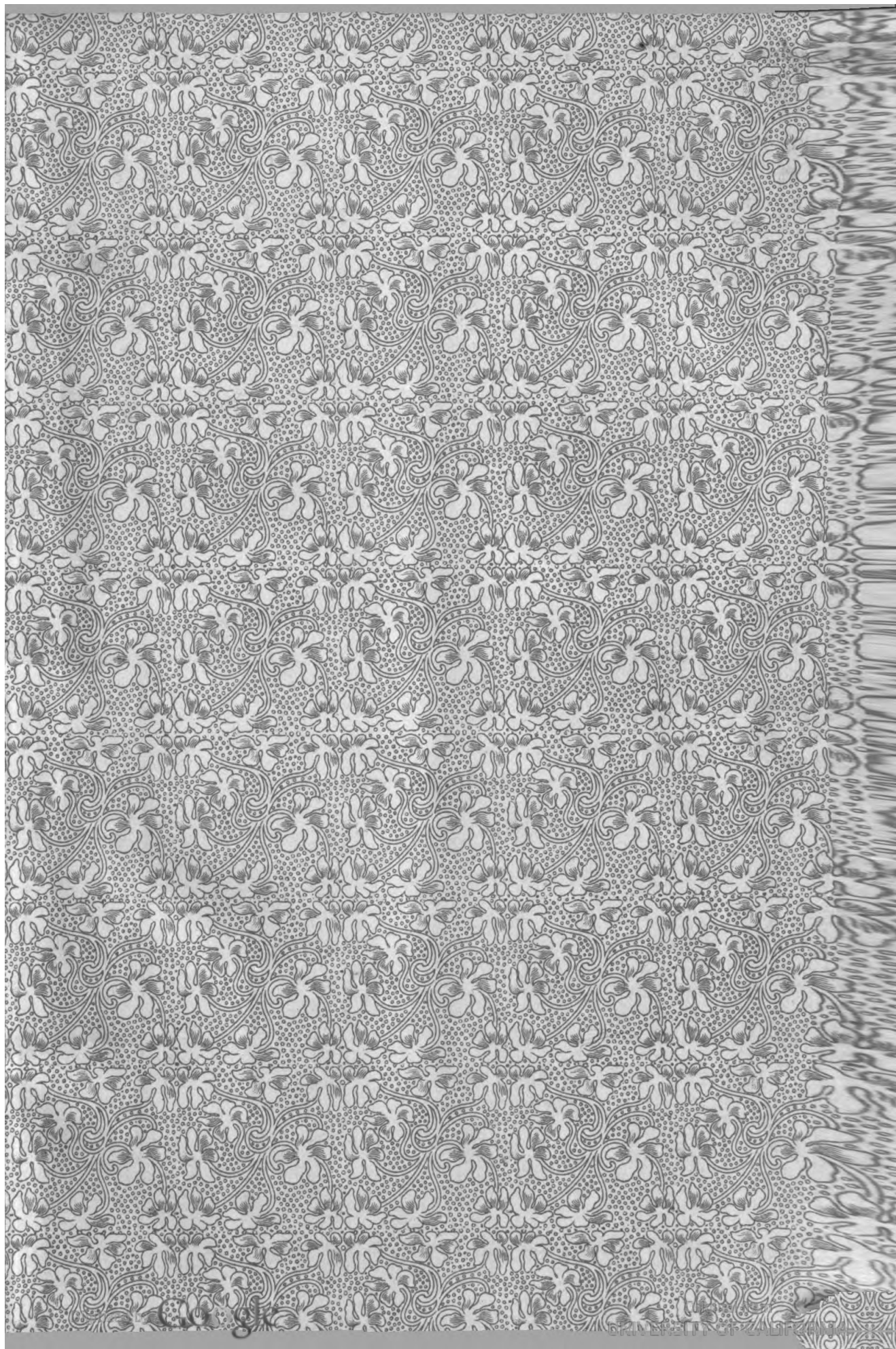


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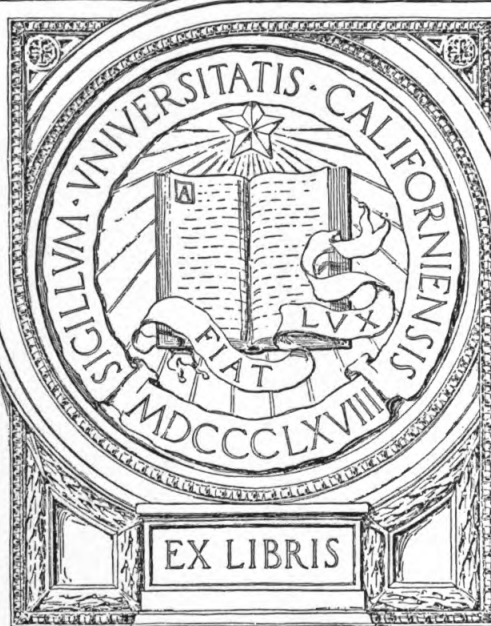


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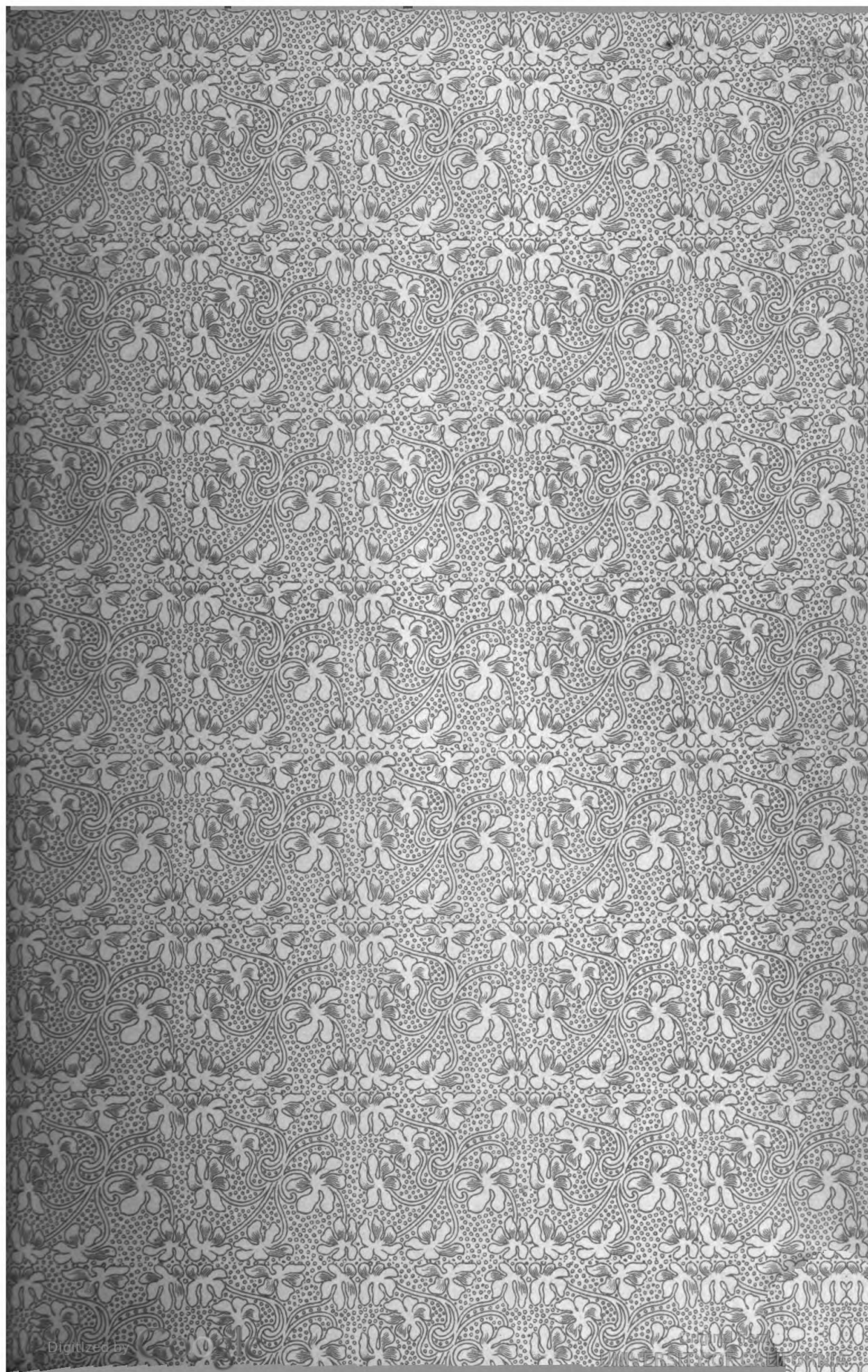


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THE
HOMŒOPATHIC WORLD.

JANUARY 1, 1920.

MINORITIES.

ALWAYS man's heart fears loneliness : so dark
The paths of thought, so stumbling must men go
With little light beyond some starry spark
Which through cloud-rifts uncertainly may show,
That little wonder is it if men seek
The friendly shelter of companionship
And shun those solitary tracks, where bleak
Blow the cold winds of scorn and pilgrims slip
With never a hand to aid them. Yet we learn,
Who read the tale of the world, that every gain
Of spirit or mind was hardly won at first
By patient toil of solitary men,
Who ventured where no fellow traveller durst ;
Therefore may courage all those strivers bless,
Who seek a new road through life's wilderness.

NEWS AND NOTES.

GARLIC AND RESPIRATORY DISEASES.

GARLIC preparations are acquiring some reputation for respiratory disorders of late, and although homœopathists probably use *Allium cepa* more than *Allium sativum*, there is little doubt that the latter is homœopathic to many cases of bronchial catarrh, and may be indicated in tuberculosis. But Garlic is an old remedy. We append extracts on the subject from a letter to the *Irish Independent*, which will be found of interest.

"*Garlic an Irish Remedy.*—In the seventeenth, eighteenth and nineteenth (early part) century, Garlic was used for the very same purposes as to-day. Though the name antiseptic was not known, garlic juice, stronger than carbolic acid, was used in the treatment of lupus, of ulceration, for dyspepsia, in combination with dandelion, and in many other combinations also. It was used for 'shortness of breath' (asthma and chronic bronchitis), and as an ointment. I give some of these receipts. The fresh juice is better than any preparation:—'For cough and bronchitis with dirty expectoration, take 1 lb. of garlic corms or seeds, prick each of them with a fine needle to let juice appear, and put in a bottle. Boil four teaspoonsful of caraway seeds in two naggins of water, add two naggins of best whiskey, and place in bottle for three days. Strain, give two teaspoonsful in water four times a day.'

"*Ointment.*—Take 2 lbs. seeds, or four of the plant; crush, bruise, and beat in a bowl; pour out juice, boil; add when boiling 1 lb. best rendered lard. To be rubbed into sides, back, for pain in back, once every night going to bed. For nervousness or for nerve and joint pains the ointment gives great relief."

A HOME FOR CHILDREN.

It is often desirable to send children for convalescence or holidays away from towns, and not always easy for parents to take them. Our readers may be glad to know that Mrs. Vincent Green, M.B.E., has opened a home for children at Cliff Court, Stourwood Avenue, Southbourne-on-Sea, Hants, which should be almost ideal in its combination of healthy and beautiful surroundings of sea and pine woods, and its facilities for every kind of play and amusement. The superintendence of a lady as highly trained as Mrs. Green will give that added touch of security which parents must desire who cannot supervise their own youngsters.

ACONITE IN INFLUENZA.

HOMŒOPATHISTS do not find Aconite very often indicated in Influenza, but it is a mistake to think that Aconite cases do not sometimes appear in epidemics of this disorder. An Irish correspondent sends us a note of several most satisfactory instances in a small recent epidemic. The Aconite mental symptoms were prominent, especially the "fear of death," and the curative results of the drug were swift and brilliant.

A SUGGESTION.

At a Meeting of the Council of the British Homœopathic Society, held on the 11th December, the suggestion was made that it would help members to keep up and improve their knowledge of *Materia Medica* if a Reading Circle were established for the study of the action of drugs.

Members joining the Circle would pledge themselves to read up two medicines a month. In order to gain a thorough acquaintance with the nature and action

of a drug it is necessary to look at it from all points of view, and, therefore, the reading should not be confined exclusively to one author or book, but two or more of our standard authorities should be consulted. The following list will give a sufficient choice for any member to acquire a good all round knowledge of any particular drug.

Hahnemann's *Materia Medica Pura*.

Hahnemann's *Chronic Diseases*.

The Cyclopedia of Drug Pathogenesis.

Farrington's *Materia Medica*.

Kent's *Materia Medica*.

Clarke's *Dictionary of Materia Medica*.

Nash's *Leaders*.

Hughes's *Pharmacodynamics*.

Wheeler's *Introduction to the Principles and Practice of Homœopathy*.

PROPOSED SYLLABUS.

January	Calcarea. Belladonna.
February	Silica. Lycopodium.
March	Natrum muriaticum. Sepia.
April	Sulphur. Aconitum.
May	Arsenicum. Rhus tox.
June	Phosphorus. Pulsatilla.

Those who have the time might consult various articles and monographs scattered through our Journals.

Thus students in January might read "Remarks on *Calcarea phosphorica* and Kindred Salts," by Dr. H. V. Munster, *Journal of the British Homœopathic Society*, Vol. IV. p. 279. "An Examination of Hahnemann's Pathogenesis of *Belladonna*," by Richard Hughes, *British Journal of Homœopathy*, Vol. XXXI., pp. 68-200, 684-660. The O.O. and L. Proving of *Belladonna*.

NOTIFICATIONS.

* * * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. CHARLES ECCLES.

DR. CHARLES ECCLES has commenced practice in London at 128, *Broadhurst Gardens*, N.W.6. Consulting Hours, 1 to 2.30 p.m. daily, except Wednesday and Saturday: 8 to 9 p.m. Monday and Friday. Tel.: 3072 Hampstead.

ARNICA, AN OLD FRIEND.—There is no tincture of Arnica which surpasses our homœopathic tincture, and we doubt whether there exists any which equals it. The remedy itself, whether in tincture or potency, high or low, is indeed a friend tried and true.

On the farm, when without a potency, we have used a few drops of the tincture in a half glass of water, and of this have given, or, we may add with becoming humility, taken teaspoonful doses every hour or so, when sore and bruised, after an unusually hard day's work in the fields.

The good effect is always forthcoming and likewise amazingly rapid. We recall a farm hand, before the war (they are all farmerettes to-day), who attempted to negotiate the back of a Texas broncho. A battered well-house and a badly bruised and swollen thigh with a meek embryonic rider were the startling and swift results. The deep blue of the good-sized lump upon the thigh bore eloquent testimony to the severity of the pony's treatment. Arnica tincture, internally, and externally in the form of a hot compress saturated with the remedy, in the strength of a teaspoonful to a quart of water, was the gentle Æsculapian method employed to restore peace, comfort and tranquillity, and be it said with absolute satisfaction and promptness.

The late Henry C. Allen, of Chicago, from *Hom. Recorder*.

ORIGINAL COMMUNICATIONS.

THE INEVITABLENESS OF HOMŒOPATHY.*

By DR. FERGIE WOODS.

FOR the last sixty years there have been definite and organised attempts in London to spread by education amongst the medical profession and the laity the doctrines of Homœopathy.

In 1856 was started what seems to have been the first important homœopathic periodical. This was *The Homœopathic Review*, founded by Dr. Ozanne, for the purpose as he expressed it, "of supplying a medium for dissemination of the principles of Homœopathy and for the support of its practice; also to aid in the formation of a medical school (of Homœopathy) in connection with a Metropolitan hospital, and to obtain for it a Royal Charter, entitling it to grant degrees or licences to practice medicine."

This last intention—to form a medical school of Homœopathy—was an answer to an attempt that had just been made by the orthodox school to nip intending homœopathists in the bud. Several of the boards of examiners for medical degrees and diplomas had declared that they would refuse to pass all candidates who evinced any inclination to study the subject of Homœopathy.

Two years after this was passed the Medical Act, which was obviously designed for the extermination of Homœopathy and homœopathists. This design was happily frustrated by one who bears an honoured name in our school of thought for his great and successful endeavours for our cause—Lord Ebury. He introduced a clause into this Act, and succeeded in having it retained, to render it impossible for any University or licensing board to refuse a degree in medicine or a licence to practice on the ground of any views a candidate might have respecting the theory or practice of medicine or surgery.

* The Introductory Lecture to Session 1919-20.

The Act, with that clause, has not been repealed, so Homœopathy is at least guaranteed a bare existence. That done, further efforts were made to convert that bare existence into a vigorous and powerful life. In 1877 the Bayes Fund was founded, to start a school of Homœopathy in London. Dr. Bayes, an earnest and energetic homœopath (whose portrait, as well as that of Lord Ebury, may be seen in the Staff room of this hospital) raised a considerable sum of money for the appointment of a staff of lecturers to teach the principles and practice of Homœopathy. This fund is still living and still fulfilling the objects of its existence.

Then in 1886 was founded the Honyman Gillespie Trust, under the auspices of which we meet here to-day. This was due to the generosity of Mrs. Elizabeth Honyman Gillespie, of Edinburgh, who left £30,000 to establish and endow a school of medicine in the United Kingdom, in memory of her husband. Until the actual school could be formed, an interim scheme provided for the founding of lectureships and scholarships in general medicine and Homœopathy.

The bequest set forth that "the school shall embrace, as well as ordinary medical studies, the teaching of Homœopathy and other new and useful discoveries, and in this school the practice of vivisection shall be entirely prohibited."

Mrs. Gillespie was so emphatic as regards this last point—the prohibition of vivisection—that she added, "The trustees may, in their discretion, require the lecturers and holders of scholarships to declare in writing their individual opinions on the subject of vivisection before being appointed, and to give in writing an undertaking that during their tenure of the lectureships and scholarships they will not refer to vivisection directly or indirectly in their lectures."

I have never heard of this undertaking having been required, but it would be no deprivation on the part of lecturer or scholar to have to give it, as the success of Homœopathy is not and never will be in the least dependent on experiments on animals. Its basis is the proving of drugs on healthy human beings, volun-

teering for the purpose. The Honyman Gillespie lecturer is now Dr. C. E. Wheeler.

Two other links in the education scheme I must refer to. One is the Compton-Burnett Professorship of Homœopathic Prescribing and Philosophy, the present holder of which is Dr. John Weir. The founding of this professorship was due to Dr. John Clarke, who wished thereby to commemorate the life and work of the late Dr. J. Compton Burnett, the pioneer in the treatment of disease by nosodes (preparations of disease germs or products).

The other fund is the Sir Henry Tyler Scholarship Fund, founded through the initiative of Dr. Margaret Tyler and her mother, of this hospital, in memory of Sir Henry Tyler, who did so much for Homœopathy and the hospital. These scholarships in the past enabled medical men (of whom fortunately I was one) to go to America for six months to study homœopathy from the then greatest living exponent of the system—Dr. James Tyler Kent. Dr. Kent having died, and in addition our own educational resources having increased and improved, intending students of Homœopathy are not advised to go abroad, but the fund is being used to enable those at a distance wishing to avail themselves of its aid, to come to London and attend the lectures and demonstrations here.

In addition to the lectures mentioned above, the whole resources of the hospital are available to students, including 165 beds, hundreds of out-patients every week, special departments of every kind, post-mortem room, and pathological laboratory.

Thus, for the last half century and more, there have been ample facilities for anyone interested to learn of the theory and practice of our system of medicine, and in the future, as the name of Homœopathy is viewed with less dread, and the idea received with less scorn, it is to be hoped—and expected—that ever-increasing numbers of medical men and women and students will avail themselves of the opportunities here offered.

I have chosen to speak on the "Inevitableness of Homœopathy." I feel I owe half an apology for the rather clumsy title, but "inevitableness" was the

only word I could think of to express just what I meant. And it possesses the saving grace of having one less syllable than "inevitability."

There is less dense ignorance nowadays as to what Homœopathy is. Very few ordinarily intelligent persons could not tell you that it means "curing likes by likes," though very few could go on to explain the derivation of the word—from *ὁμοῖον* like, and *παθος* disease.

In spite of the domestic medicine-chest, the word Homœopathy has nothing to do with "home," as I have heard suggested! Nor was the official at a well-known London restaurant more correct in the meaning that he apparently attached to the word. It was the occasion of an annual homœopathic dinner, and this kind personage was standing at the bottom of the stairs helpfully pointing out the way to what he called the "Homœopathic Dinner."

No, homœopathy is not pathetic; it needs no sympathy. The only pathetic part is when those who know are not true to their knowledge.

"Homœopathy"—what was our conception of it in the days before we came to know its real self?

Was it of little sugar pills and bottles of water, which could with impunity be swallowed by the bottleful by babies? I remember myself as a child stealing many of my mother's trituration tablets, even thus early showing the Lycopodium craving for sweets!

But it has always seemed to me that this harmlessness of the remedies is one of the strongest points in favour of Homœopathy, instead of being, as it so often is, a matter for ridicule.

"Homœopathy"—Did we lump it in one category with herbalism, faith-curing, bone-setting—in all of which systems, be it remarked, is there being found after all something of good?

Whatever used to be our conception of the system, we know now that Homœopathy is a living force, and that it has come to stay. It has entered on the third and final stage of the reception which is accorded to every new aspect of Truth that is offered to the world

—first contemptuous indifference, then active hostility, lastly acceptance and agreement.

Hostility has but resulted in increased activity of what many had hoped was a corpse, and the corpse is now coming into its inheritance.

You cannot fight against a law of nature without being yourself overcome, and having finally to submit to unconditional surrender. Homœopathy is as much a fundamental law of nature as—the law of gravitation.

The march of Homœopathy is irresistible. The Law of Similars is taking its place in medicine as surely as flying has taken its place in war and peace. With this advantage to Homœopathy over the science of aviation—the latter depends for its success on the constant overcoming of the law of gravitation; Homœopathy works *with* a law of nature—the law of Similars. Work in harmony with Nature, and you cannot but succeed.

Be it noted that Homœopathy is not confined to the realm of drugs. In many cases, one's first instinctive treatment for an injury is homœopathic. What else is the pressure of the hand on a part that has been hit? Such pressure is but a modified blow, and truly homœopathic. What else but homœopathic is the latest treatment for sprains of joints—passive movement, commenced at once? The rubbing of a frost-bitten ear with snow; the holding of a burnt hand close to the fire—pure Homœopathy. Again, we know what frightful skin diseases can sometimes follow vaccination. Vaccination used to be prescribed as a cure for certain skin eruptions.

Also in the psychic sphere, the law of Homœopathy holds. How often is one person's grief extinguished by the spectacle of another's worse misfortune?

The general trend of modern medicine is more and more towards Homœopathy. Vaccine-therapy is a stepping-stone to the acceptance of the law, and openly acknowledged as homœopathic by the more open-minded of its votaries. Von Behring's name is well known and respected by the modern school of vaccine therapy. These words of his have more than once been quoted, but will bear repeating. Speaking of an

anti-anthrax vaccine, he remarks : " By what technical term could we more appropriately speak of this influence exerted by a similar virus than by Hahnemann's word ' Homœopathy ' ? " He goes on to say : " If I had set myself the task of rendering an incurable disease curable by artificial means, and should find that only the road of Homœopathy led to my goal, I assure you dogmatic considerations would never deter me from taking that road."

Every honest and persevering investigator working along the lines of vaccine therapy (which is hailed as the salvation of modern medicine) will inevitably find that the only road leading to the desired goal is that of Homœopathy.

The vanguard of modern orthodox medicine is already across the bridge over the stream separating the two schools. Their feet are actually stepping on the opposite shore, and they find, to their surprise, that where they expected barbarians are—brothers.

Not the law of similars alone, but its corollaries—the single remedy, the small dose, the infrequent repetition, all these essentials of our philosophy are being discovered by the vaccine therapists. Indeed, as one eminent pathologist recently remarked, if a certain paper written by Dr. Weir on Homœopathic Philosophy, had been written for vaccine therapy, it could not have expressed more exactly the right conditions of treatment.

But even amongst the dominant school there is not a general agreement as to the virtues of vaccines. Listen to Dr. Alexander Francis, a well-known rhinologist : " Few things," he says, " produce a more harmful effect upon the system as a whole than vaccines. A vaccine may give relief in a specific instance, but even then it is at the expense of the system generally, and the continued use of vaccines does incalculable harm."

Strong words ! Words which would not have been spoken if vaccines were never given except as our " nosodes," potentised beyond the possibility of causing damage to the system, and not repeated until the dose had fully expended itself.

This potentisation of vaccines is coming. It is now

several years since I read in the *British Medical Journal*, an article by a medical man advocating what he called "sensitised vaccines," which were vaccines diluted again and again until they approached the infinitesimal. The author claimed for these sensitised vaccines better results as to cures, and greater safety. So is modern medicine coming to the acceptance, one after another, of Hahnemann's doctrines.

I have been, during my recent holiday, refreshing my mind and gaining renewed inspiration by reading again that Bible of Homœopathy, as it has sometimes been called, Hahnemann's *Organon of the Art of Healing*. (I may mention that this work is obtainable in popular form as one of the "Everyman" Library.) The present-day followers of Hahnemann are apt to forget what a really great man he was. I will not refer to his many versatile gifts, and to the name he had won for himself in fields other than the homœopathic. One is struck on reading the *Organon* how up-to-date (shall I call it?) the work is, in spite of its century of age. Indeed, one has the conviction that it is true for all time, and stands independent of and unshaken by any changes and advances in science or the healing art. It is certainly as capable to-day of satisfactory trial and convincing proof as on the day it was written. Hahnemann's manner of writing is so dignified, his logic so conclusive, his observations so all-embracing. Listen to these few lines, which open the "*Organon*":—

"The physician's highest and only calling is to restore health to the sick, which is called Healing.

"The highest aim of healing is the speedy, gentle and permanent restitution of health, or alleviation and obliteration of disease in its entire extent, in the shortest, most reliable and safest manner, according to clearly intelligible reasons.

"The physician should distinctly understand the following conditions: What is curable in diseases in general, and in each individual case in particular; that is, the recognition of disease. He should clearly comprehend what is curative in drugs in general, and in each drug in particular; that is, he should possess

a perfect knowledge of medicinal powers. He should be governed by distinct reasons, in order to insure recovery, by adapting what is curative in medicines to what . . . is morbid in a patient.

“ . . . Finally, when the physician knows in each case the obstacles in the way of recovery, and how to remove them, he is prepared to act thoroughly, and to the purpose, as a true master of the art of healing.”

These are not the observations of a quack, but of a man of obvious learning, experience and commonsense.

I have said that Homœopathy is inevitable, and I propose to suggest briefly a few reasons for this belief.

Homœopathy is inevitable, because its founder Samuel Hahnemann, is gradually being proved to have been right in all the principles he enunciated—and not only those directly concerning Homœopathy. Leading lights of modern medicine have stated almost in Hahnemann’s own words, that there are no diseases to be treated, but only *patients* suffering from disease. Who besides Hahnemann dared to say that a hundred years ago?

In another of his dicta Hahnemann will be, I am convinced, proved true—that there are no local diseases except those due to trauma (and even those may *become* constitutional). Hahnemann was particularly interested in mental diseases. His far-seeing mind declared, “Most of the so-called diseases of the mind are in reality bodily diseases.” How often, nowadays, is insanity found to have a physical basis.

How different is Hahnemann’s advice upon the treatment of the insane from what prevailed even up to comparatively few years ago. The humaneness of the treatment he advocated for the mad is in striking contrast to the cruel and violent methods in vogue at his time. In one place he says: “The physician and attendant should always treat such patients as if they regarded them as rational beings.”

Hahnemann, again, insisted on the great importance of a patient’s dreams, in the consideration of his case, thus anticipating Freud and other recent investigators.

Seeing how far in advance of his age was this Samuel Hahnemann in even the few subjects I have mentioned

above, if one knew nothing else of the man, one would surely consider any system of medicine introduced by him entitled to serious and unbiassed investigation.

Homœopathy is inevitable, because it aims at cure, not palliation. An increasing number of patients now realise the importance, the necessity, of effecting real cure, as opposed to mere alleviation, and they are willing to spend the increased time and undergo, if necessary, increased inconvenience in order to obtain that cure.

It is sometimes complained that Homœopathy is slow. This is emphatically not true. In acute complaints, the correct homœopathic remedy will act more promptly than any narcotic or other strong drug. In chronic diseases, though I grant you, quicker relief may be obtained by allopathic palliatives, if a *cure* is desired, Homœopathy will achieve this first—and alone.

Homœopathy has been accused of treating symptoms. Ordinary medicine surely does this itself, when it gives aspirin for headache, opium for diarrhœa. No, Homœopathy treats patients manifesting symptoms. It does not, or should not, prescribe for isolated symptoms, but only for the totality of symptoms, which forms a picture similar to that of the drug required.

Homœopathy is inevitable, because it is corroborated by the latest advances of modern chemistry.

Let me give an instance. It is well-known to chemists that the elements arrange themselves in accordance with what is known as a "periodic law," that is, taking them by their atomic weights, they fall into definitely arranged groups.

Elements in corresponding positions in these groups have to each other an extraordinary similarity in appearance and in chemical reactions.

Now, Dr. Copeland, in America, has pointed out that these elements that resemble each other in the different groups are also astonishingly alike in their therapeutic value, as evinced by provings on the healthy and by clinical experience.

For example, Antimony, Arsenic, and Phosphorus

bear the above-mentioned relation as regards atomic weights. Let us take a few symptoms of each of these three remedies in turn, and see if the therapeutic indications are likewise similar.

In the region of the *Head* we find (I quote from Hering's Guiding Symptoms) :—

Antimony :—Headache, mostly in forehead, left side.
Headache, relieved by walking in open air.

Arsenic :—The pain in head and face is especially severe on left side. Headache improved by walking in open air.

Phosphorus :—Headache worse on left side. Headaches relieved in open air.

Note that these, and what follow, are not common symptoms, which almost any remedies one looked up might possess, but differentiating symptoms, characteristic of the particular remedies possessing them, and marked in the book as being prominent

Under *Appetites* we find :—

Antimony :—Desires acids, sour pickles.

Arsenic :—Thirst for acid drinks, desire for sour things.

Phosphorus :—Desire for wine. Wants . . . refreshing and spicy things.

Under *Larynx* :—

Antimony :—Voice gone, scarcely able to utter a single word. Laryngitis of singers.

Arsenic :—Voice weak, scarcely audible.

Phosphorus :—Is unable to speak a word. Voice lost or altered, after prolonged speaking.

Under *Neck and Back* :—

Antimony :—Rheumatic pains in nape of neck and loins.

Arsenic :—Nape of neck stiff as if bruised or sprained

Phosphorus :—Stiffness in nape of neck.

Under *Limbs* :—

Antimony :—Large horny places on the soles. Great sensitiveness of soles when walking.

Arsenic :—Sore pain on balls of toes while walking.

Phosphorus :—Pains in soles of feet as after a journey. Corns and chilblains on toes.

Lastly, under *Skin* :—

Antimony :—So-called liver spots; brownish spots.

Arsenic :—It suits patients with liver spots.

Phosphorus :—Hepatic spots.

Other groups of elements related by their atomic weights are :—Sulphur, Selenium, Tellurium; Calcium, Barium, Strontium; Chlorine, Bromine, Iodine. The elements in all these sets will be found to be remarkably similar in their pathogenesis.

Remember that these drugs were proved and their therapeutic uses established many years before their position in the atomic scale was discovered.

Furthermore, all these elements were proved in infinitesimal doses, in fact in a dilution that would reveal no minutest trace of the element by any test known to science.

The sole way of proving the existence in them of any of the original element is the homœopathic method of proving on healthy persons and of administering to sick persons with similar symptoms.

Thus, just as, after the establishing of the periodic law, a scientist could predict the discovery of new elements with such and such atomic weights to fill gaps in the scheme, so a homœopath who had never used or heard of any of the elements in a particular group could, after learning the symptomatology of any one of the group, obtain a fair idea of the symptoms likely to be produced and cured by the remaining members of the group.

Homœopathy is inevitable, because it demands the administration of the single remedy—the only reasonable way of prescribing drugs. See how less and less frequent is becoming the prescription of

six or eight drugs at a time, that was common a decade or two ago (though only this week a patient showed me a prescription given her by a medical man for sleeplessness, which contained seven different ingredients, or eight including the Aqua !)

Samuel Hahnemann was in this, as in so many ways, far in advance of his time.

Witness his words in the preface to the *Organon*, on "Compounding drugs in form of a "recipe":—

"The true action," he says, "of these medicinal substances, ever and unexceptionally varying from each other in effect, was almost entirely unknown.

One of the ingredients must partially or wholly cancel the effect of the other, or impart to it or to the remainder a different, unexpected mode of action and direction, thus making it *impossible* to obtain the desired effect."

These strictures of Hahnemann had a marked effect in his time in reducing the number of drugs prescribed at one time, and this aspect of the influence of Homœopathy is being shown to be more and more important in modern medicine. So that we may hope before long to see the compound prescriptions relegated to the museum of antiquities and the administration of the single remedy take its place as the only method of prescribing.

Homœopathy is inevitable, because it teaches the infrequent repetition of the dose, especially in chronic diseases. One must wait until the aggravation (if any), and subsequent improvement have both passed, before repeating the remedy. This is the way of the future. See how already vaccine therapists are insisting (after many disastrous consequences of the contrary procedure) on the wait for the negative phase (the homœopathic "aggravation") to pass and the positive phase following to have reached its maximum before repeating the vaccine.

Over-stimulation, with drug or with anything else, always defeats its own object. An occasional gentle touch with the spur will quicken a lagging horse, where continual pricking will make him restive and uncertain, and may ultimately result in the

overthrow of the rider. To allow each dose to expend its action before repeating is to save energy, time, and expense.

Homœopathy is inevitable, because it insists on reducing the dose to the minimum.

Hahnemann says, "The true physician will prescribe his well-selected homœopathic remedy in a dose so small as to be just sufficient to overcome and extinguish the disease."

Again, he says, "Experience proves that the dose of a homœopathically selected remedy cannot be reduced so far as to be inferior in strength to the natural disease, and to lose its power of extinguishing and curing at least a portion of the same, provided that this dose, immediately after having been taken, is capable of causing a slight intensification of symptoms of the similar natural disease" (Hahnemann uses the term "natural disease" for the disease to be cured in the patient, in contradistinction to the artificial and temporary drug disease induced in the process of cure).

Modern medicine is discovering the advantage, nay the necessity, of the smaller and yet smaller dose. Witness the doses of a $\frac{1}{10,000}$ milligramme, and less, recommended by vaccine therapists.

Statistics in chronic diseases are naturally more difficult to obtain than in acute diseases.

However, it is chronic diseases that constitute the crucial test of a system of healing, and Homœopathy has nothing to fear in this respect from comparison with other systems. The wards and out patient departments of this hospital probably receive a considerably larger proportion of chronic cases than those of other hospitals in London. Patients so often, after years of suffering, come to Homœopathy as a last resort, and although we are not able to cure them all, there are very few that are not relieved by the treatment, while a certain proportion are definitely cured.

Homœopathy is inevitable because it is the most economical system of medicine. In these days, cheapness is a prime consideration, and if in addition

the article that is cheap is also the best obtainable, the demand is bound to exceed the supply (as it does).

This argument follows on naturally after the last given above, as it is largely on account of its vastly superior results that Homœopathy is so economical. Besides the far smaller cost of homœopathic medicines as compared with allopathic, there is to be taken into account the much greater saving of time lost from work under homœopathic treatment, and the saving to the community of a greater number of lives.

A most interesting and instructive test was carried out in a large prison in the United States. For three consecutive years allopathy was exclusively used in the treatment of the prisoners, and in the following three years Homœopathy alone was employed. After the six years, the records of the two periods were compared, with the following results :

Under allopathy, the death rate among the prisoners was 9 per cent ; under Homœopathy $3\frac{1}{2}$ per cent.

The allopathically treated prisoners lost by sickness 23,000 days ; the Homœopathically treated ones 10,000. Under the allopathic *régime*, the total cost of hospital stores—drugs, etc.—was sixteen hundred dollars ; under the homœopathic five hundred dollars.

This point needs no further elaboration.

Finally, *Homœopathy is inevitable* because it is Truth. It is the only scientific system of medicine ; nay, more, it is the only system that is a system, the only system in which every prescription is based on the same immutable law of Nature.

“Magna est veritas, et prevalebit.” Since the world began, Truth has been fought and every attempt made to suppress it. Since the world began, Truth has conquered in the end, and those who opposed it have had to bow before it.

Be it said, I do not regard Homœopathy as the ultimate expression of the art of healing. It must some day give way to purely drugless methods of cure, mental healing, spiritual healing, and the like ; until in the dim and distant future we arrive at the ideal state,

where there is no more disease, where perfect health is the normal possession of every human being. This state, however is still some little way ahead, and medicines are not likely to lose their place for a generation or two.

As far as drugs are concerned, I find it impossible to conceive of a higher development of therapeutics than Homœopathy at its best. To that best let us all strive continually.

In conclusion I will make a prophecy, which is that the majority of those present this afternoon will live to see Homœopathy the orthodox system of medicine in the civilised world.

PERIODIC DRUG DISORDERS.

PART I.—GENERAL AND FEBRILE DRUG DISORDERS.

**General Paroxysmal Drug Disorders.*

By the late DR. LEOPOLD SALZER, M.D.

SUDDEN prostration with coldness : Apis. Camph.

Sudden indescribable weakness and nausea : Ars. ; hydrogenisatum.

Sudden weakness : Digit. Graph. Dulc. Kali Carb. Lycopod.*

Rapid loss of strength, with fever : Crotal.

Sudden weakness, especially of the chest ; “ She could hardly speak ” ; accompanied sometimes by a fluttering of the heart : Spong.

Sudden debility, with dull pain around the heart, and sensation of oppression : Cupr ; arsen.

Sudden, almost momentary, loss of power, with paleness of the face and sudden nausea, quickly coming and going : Petrol.

Sudden collapse : Phos.

Sudden falling to the ground with cries and convulsions : Hyoscy.

* Attacks of faintness or faint-like weakness which are not characterised by *suddenness* are not noticed here.

Sudden falling to the ground without cry : Hydrocyan acid. Cupr.

Sudden emaciation : Crot tig. Iod. Phos. Sec corn. Cupr.

He falls unconscious to the ground as if struck by lightning, has an involuntary stool and vomits : Lach. (Apis.).

Symptoms come suddenly (the symptoms being of an epileptic or tetanic nature) : Benz. nitr.

Sudden feeling as if the circulation ceased, a tingling in the whole body extends into the tongue and the ends of the fingers and toes, with anxiety, then she feels deadly tired : Baryta carb.

Sudden and incessant change of the place of the pains ; they are most constant only in the region of the heart : Benz acid.

All the pains extend from place to place, and suddenly change about : Nitri dulc. spir. Acon.

Pains come and go suddenly and wander about : Rhus ven. Pallad.

Pains move suddenly from place to place, the pains are momentary, but frequently return ; they are described as pulsative ; mostly within doors : Polygon.

Sudden coming and going of the pains ; they appear most frequently on the left side, generally last but a short time, and affect generally muscles and the joints, and not the bones : Carbol acid.

Pains felt simultaneously in all parts of the body : Agaric.

The pains are steady, dull, throbbing and boring, also sudden, sharp, stinging and pricking : Merc iod flav.

Sudden acute darting pains, evidently running along the single nerve branches, in almost every part of the body and limbs : Gels.

Sudden intense pain so that he cried aloud and ran about as if mad : Sec corn.

Sudden spasms associated with intense pain : Strychn.

Sudden inflammations : Bellad.

The whole body swelled so rapidly that it was with

difficulty she could be undressed : Dulc. Kali nitr. Tarent.

When a pain occurred it came with its full force at once, and so continued till it ceased, and was followed by drowsiness and stupor : Phytolac.

Pains appear suddenly, lasting four to five minutes and then disappear just as suddenly : Lycopod.

Sudden appearance and disappearance of all the pains (except the headache) lasting from half an hour to three hours : Crotal.

Suddenly appearing and disappearing drawing pains in almost all parts of the body : Nitr ac.

Sudden tearing pains : Kali nitr.

All the pains came suddenly, leaving more gradually (but very soon) ; except the pain in the face and shoulder : Sepia.

Sudden disappearance of the pains (in the evening) : Carbol ac.

Quick disappearance of the pain, which was intense : Calc carb. (?).

Sudden disappearance of pain when it had reached its highest degree, and instantly arising in its stead a pain in some other place : Bell. Secale corn. Crotal.

Dull pressure in various small spots in the body, at first increasing, then suddenly decreasing : Sulph ac.

The symptoms steadily increased in severity until they reached their acme, then as steadily decreased, without any remission or periodicity : Tarent. Colocyn.

Many pains, especially the pressive, drawing ones, begin slightly, increase slowly, become severe, and just as slowly disappear : Stannum.

Frequently recurring short attacks of great weakness : Bell. Cham. Lycopod.

Short attacks of exhaustion, especially of the lower extremities : Cham.

Fits of weakness : Ars.

Attacks of paralytic weakness with pain in the back : Coccul.

Attacks of prostration with faintness and total relaxation of all the limbs : Camph.

Very frequent momentary attacks of faintness, even to sinking down, also with vertigo, followed by colic and griping in the bowels, as in diarrhœa, though he had an ordinary stool : Carbo veg.*

Frequent loss of all strength, with a trembling sensation : Apis.

Remission or even intermission of the symptoms, which may lead to a deceptive hope of recovery : Ars alb. Carbn. hydrog. Plumb. Digitalinum.

After the severe symptoms of the period of abstinence have disappeared, and the patient seems to be convalescent, the whole of the symptoms unexpectedly break out again : Morphinum.

The symptoms usually intermit for some hours or a day, and then return in a diminished degree : Oxal ac.

Late in producing its effect, the drug acts strongly ; its action intermits and is renewed with increased vigour : Magnes sulph.

The most violent symptoms appear within twenty or thirty minutes after taking the drug, and each one in a diminished degree : Cham.

Primary and secondary symptoms frequently alternate : Ignat.

Most of the nervous symptoms come suddenly and alternate frequently : Agaric.

All the pains frequently repeat, jump from one part to another, remain nowhere very long, but return easily to the affected part : Colocyn.

All the pains alternate rapidly and frequently occur : Crotal.

Transient pain, complete intermission of ten minutes to an hour, and then another pain coming on : Rumex.

Pains occurring every ten or twenty minutes with slow contraction of the limbs : Sec corn.

Wandering, digging, pressing pains, confined to a

* For simple "attacks of faintness" see the usual Repertories.

small spot, where they remain for a short time, but soon return : Nux mosch.

Nervous symptoms come on very irregularly : Natr hypochlorosum (liquor sod. chlor.).

The pains continued to recur in varying degrees of severity during the first two weeks : Origan. (The pains are rheumatic.)

Short, but quickly returning attacks : Carb sulph.

At intervals, the symptoms which are always worse during rest, become aggravated : Glon.

From time to time tearing in almost every part of the body : Arn.

Pains return frequently and jump from place to place : Asafœt.

Transient drawing and tension in almost all the joints : Bry. (drawing and tearing : Puls., Kali bichr.).

Frequent recurrence of the symptoms during two years : Visc alb.

Slight drawing and jerking sensation in the whole body, especially in the joints, returning at indefinite periods : Rhodod.

Occasional rheumatic attacks : Kali bichr.

At one time weakness, at another, sensation of vigour in the joints : China.

Wasting of the body in proportion to the recuperation of the mind : Digit.

If the mind is joyous the body is suffering, and *vice versa* : Platin.

Constant change of symptoms ; when a new one arises the earlier symptoms cease : Sanguin.

Symptoms appear in groups, aggravate in the evening and during rest : Colocyn.

Sometimes pain on right side, sometimes on left side, but rarely on both sides at once : Bufo.

Drawing pains in almost every part of the body, alternately first in one place and then in another : Sulph.

Alternation of pain and local sensation of heat and cold : Arund maurit.

Wandering rheumatism without swelling or fever, alternating with pains in internal organs : China.

Alternation of convulsions and rage: Stram.

Strong convulsions alternating with great excitement of mind: Stram.

The torpor gave place at irregular intervals to severe convulsive fits. Stram.

• Alternation of spasmodic contraction of the limbs and complete relaxation: Opium.

Alternation of contraction and relaxation of various muscles or group of muscles: Lycopod.

Alternation of general convulsions with relaxation or paralysis: Strychn.

General twitching, especially violent in the arms, alternating with opisthotonos: Tarent.

Tremors alternating with violent convulsions: Merc.
Convulsions alternating with stupor: Agaric.

Convulsions followed by an apparently apoplectic state: Junip virg.

The (convulsive) movements were of a changing character, now resembling chorea, now hysteria, and after a little while tetanus, even to opisthotonos: Bell.

At intervals he falls into a cataleptic state: Canth.

Alternation of unsteadiness and syncope: Tart emet.

Either general restlessness or nausea: Tart emet.

THE CHILDREN'S HOMŒOPATHIC DISPENSARY

By DR. ROBERSON DAY.

Now that the transactions of the recent British Homœopathic Congress have appeared in print it is possible to form a more accurate opinion of the valuable work that has been contributed.

The spirit of Dr. Neatby's admirable address is self-sacrifice and "subordinating individual interests to the common good." The word co-operation we

meet with repeatedly, and we are urged to "utilise existing agencies." Twenty-one years ago Dr. Madden spoke of "Aid in establishing hospitals in new centres," and for "Professional aid for the smaller hospitals by the larger."

Mr. Lee Mathews followed with a paper, the text of which might have been "*L'union fait le force.*" He made a powerful appeal for union—if Homœopathy is *united* it will "make its just claims heard." Our first task is to "unite our forces," and again "if we are united," we can do much, but he seems to deplore, "We are not united to anything like the extent that we might be."

I have been reading these admirable sentiments and applying them to the Children's Homœopathic Dispensary, and if they are only taken to heart by those to whom they have been addressed we may well be thankful and take courage.

In the light of the foregoing let us review the position of the Children's Homœopathic Dispensary, founded in the memorable year 1914, just before the great war, when no one dreamed that such a calamity would be possible—the Dispensary has steadily carried on its work all through the trying years of the war; the patients have gradually increased as the work has become better known, and now we draw our children not only from the immediate vicinity, but from such distant places as Willesden, Golder's Green, Kentish Town, Acton, Hounslow, Harrow, etc. As is always the case where Homœopathy is employed, an appreciation and ever-increasing *clientèle* is attracted, owing to the superiority of the results.

The sister-in-charge regularly furnishes a report at the monthly Committee meetings, and for November, 1919, the following figures demonstrate by comparison with last year the progress made:—

	New Patients.	Renewed.	Old Patients.	Total
1918 ..	16	48	180	244
1919 ..	34	82	176	292

In Dr. Madden's paper, quoted from at the Congress, two of the points were that (1) Professional aid should

be given by the larger to the smaller hospitals, and (2) aid should be given for establishing hospitals in new centres.

Let us consider these two points. During the war when so many were called up to serve in the R.A.M.C., our depleted staff was filled up by our veterans Dr. Blackley, Dr. Pullar and Dr. Shuldham, and we never had to close our doors, but "carried on" as usual. Last summer it was not possible to provide doctors for the work, and so for the first time the Dispensary was closed during the vacation. This was an unavoidable step, but most unfortunate for the patients, who had to go elsewhere for treatment; but on re-opening in the autumn, they came back in increasing numbers. At present the Monday afternoon Clinic, which at one time was the best attended, *is without a doctor*, and the Wednesday Clinic is only attended once a fortnight; with the result that on these days few if any patients attend, and increasing work is thrown on the other days.

The difficulty, therefore, is not with the patients, but with the doctors. The sick children are there, but the doctors are wanting!

I return to my text: "Professional aid should be given by the larger to the smaller hospitals."

Secondly, "Aid should be given for establishing hospitals in new centres." At a well-attended and representative meeting at Sir Robert and Lady Perks' house, when the C.H.D. was initiated, we had a splendid send off, and our donors and subscribers, with few exceptions, have loyally and generously continued their support, but since then we may well ask the question: What aid or encouragement has been given to the Children's Homœopathic Dispensary? During these trying five years how many members of the London Homœopathic Hospital, or from the British Homœopathic Society have found their way to Shepherd's Bush? The British Homœopathic Association has helped us in the past—the late Mr. Callard was our first Chairman, and he was succeeded by Mr. Handfield Morton, whom we all regret had to resign when he left London—but at a recent Committee meeting of the British Homœopathic Association, a

member was delegated to enquire whether the Children's Homœopathic Dispensary was likely to close down in the near future ! Let me repeat the words of wisdom from the Congress : " Aid should be given for establishing hospitals in new centres " ! When this delegate made these enquiries at the Children's Homœopathic Dispensary Committee, two of the medical staff who were present stated that they had no intention of retiring from the staff or giving up a work which was doing so much good to the children, who more than ever claimed their most earnest attention

After the years of heavy spade work and ploughing our lonely fruwows, we do not intend lightly to abandon a work which has such a brilliant future. We have amply justified the step which was taken when the institution was founded. The position was admirably chosen and has supplied a great want amongst the children of London, who more than others benefit from the gentle and well chosen homœopathic remedies.

The work of our Committee, which meets monthly, is beyond all praise. Our Treasurer has never yet ended the year with an adverse balance. Our Secretary unfailingly reports our meetings. After many changes we have now secured a most excellent caretaker, and the Sister-in-charge, who has served for years at the London Homœopathic Hospital gives every satisfaction.

As business men would express it, we have here a " going concern," a thoroughly well equipped establishment which is serving the purpose for which it was intended. Its future depends entirely on the support the homœopathic body are likely to give. If we get a strong medical staff—that is the chief thing lacking—we shall continue to increase the number of patients, and build up a reputation which will justify further developments, and in the fulness of time someone may live to see a Special Children's Homœopathic Hospital erected on its own freehold site, which at present can be obtained—the most splendid position for a hospital—as the friend who has surveyed the site has said.

The lofty ideas expressed in these Congress papers are tempered with a vein of sadness, and the subjunctive mood appears as a refrain : " If we are

united"; "If we delay our effective union much longer the golden moment will have passed," or in the confession of our sins, "We are not united to anything like the extent we might be"!!

Alas! the pity of it! but it explains much that has happened in the past. Why is the membership of the British Homœopathic Society stationary or decreasing? Why during seventy years has there been only one Homœopathic Hospital in London? Why is the Children's Homœopathic Dispensary languishing for want of *doctors*? These are the questions which fill us with doubt and apprehension, and I conclude with the words addressed to the Congress: "But it all means real work, and if we do not intend to put our back into this matter of National Service by the Homœopathic body, we had better 'fold up our tents like the Arabs, and silently steal away.'"

SOME STRAY THOUGHTS ON HOSPITAL • MATTERS.

By MAJOR E. A. ATTWOOD, *Secretary to the L.H.H.*

(Continued from page 466, vol. liv.)

SOURCES OF INCOME.—Statistics show that the rate-supported institutions, *i.e.*, Infirmaries, Asylums, etc., are now providing for much the larger proportion of the sick of the country. They also make it clear, I think, that at the present time, there is more than ample provision for the sick of the *poorest* classes, the great need of the day being the provision of adequate hospital accommodation for what are termed the *lower middle classes*, who are able, and I have always found, willing to contribute according to their means towards the expenses of their treatment, but who are not in a position to defray the heavy cost of serious illness, especially when such illness involves expensive operative treatment, and expert nursing arrangements.

PAYMENT BY PATIENTS.—I am quite in agreement with Dr. Burford as to paying patients, but I venture

to think that there is a much mistaken view expressed with regard to the meaning of "*payment by patients.*" Payment is something which ought to bear some relation to the value of the article purchased, but it cannot be contended that the small voluntary payment of sixpences and shillings made by patients in hospitals where the contribution system is in force, bears any relation to the value of the medical skill and nursing service available. If those patients who, from their poverty, cannot give a contribution are not in any way prejudiced as recipients of charity, the system should surely commend itself to everyone.

There is a wide difference between converting a charitable hospital into a commercial undertaking, as some fear this contributing system might lead to, and asking a patient to give a contribution towards the expense in outlay in food and drugs; for the skill in medical treatment and hospital nursing will always remain as a great boon to which the benevolent may be proud to contribute, and which no money payment from the patients, such as I advocate, can either liquidate or diminish.

Surely such a system as this is charity conducted on business-like lines, and if it were more systematically adopted, a new and important chapter would be opened in our already unique and interesting history. The system would secure a wider interest in our hospitals and bring about a more intimate and beneficial relationship between the subscriber, the patient, the medical practitioner and the hospital.

PAYING AND CONTRIBUTING PATIENTS.—I think also a little confusion sometimes exists as to the words "Contributing" paying patients and "Profitable" paying patients. It must be generally admitted that it is outside the province of any hospital to provide for patients who are in a position to pay *considerably* more than they cost. Even the bankrupt condition of a hospital is not sufficient to justify its committee in beginning trading in medical relief.

If, besides the patients who pay at a really *remunerative* rate, might there not be others who contribute a

portion of their expenses, is a question worth consideration. There are some objections to such a course, I know, but on consideration, it is possible that there may be equal advantages. But I should be disposed to apply the same principle to all payments, whether adequate or inadequate, *viz.*, that a defined proportion of their payments should be set aside for the *remuneration of the medical attendants*.

If a patient is able and willing to pay for his treatment he surely ought to pay the person who treats him, as well as, and even, I venture to think, before the institution which provides the place where he is to be treated.

It is an oft-repeated fact that medical men are called upon to give gratuitous service more than any other professional or business men. There is no real reason for this. The doctor who labours gratuitously in the In or Out-patient Department of a hospital does so, on the unexpressed understanding that he is attending the necessitous poor. He finds compensation for his loss of time in the professional advantages which every physician or surgeon gains by connection with a hospital. But his position is changed when patients are allotted to him, who are of a class superior to the necessitous poor, and who yet may not be in a position to pay him his usual fees. It is for this class that the "Contributing" paying system should be introduced into all hospitals, whether general or special.

ALMONERS, MALE OR FEMALE.—I would also mention the necessity for the development of the Almoner system.

It has always been a matter of great astonishment to me that precautions should be taken in the Out-patient department to prevent abuse, whilst in the majority of hospitals, once a patient has been franked for admission, either in the Out-patient department, by a physician or surgeon, or, as it happens in practice, by the House Physician or Surgeon—he is admitted without any enquiry and nothing beyond an entry in a book—the In-patients Register. When I say

“franked for admission by the physician or surgeon” you will all understand that I mean—a general practitioner away at somebody’s park gate finds the case of someone’s dependant beyond him. He immediately writes to one at whose feet he sat as a medical student or resident, something to the effect that he has a most interesting case which he is sure his professor would like to see. The Professor, at his next visit to the hospital, tells his house physician to find a bed for the patient and to have him in at once. The patient comes in and no one in the hospital has an opportunity of sounding the patient’s condition or financial possibilities.

Every patient before admission to the hospital should, in my opinion, be interviewed by the Almoner, or if not the patient, the friends of the patient, as a protection to the medical attendant, the hospital and the patient.

EXTRAVAGANCE.—Nothing alienates subscriptions more than extravagance. Debt does not bring money, but it is not to be forgotten that where there is much competition for charitable gifts, the very urgency of demand for funds is often almost profitable.

Many people give only to the more necessitous charities, when so many are appealing to them. But the idea of each doing the best for himself is strongly attractive, and as it is true of individuals, so it is of hospitals. Most people love to support a going concern, an improving institution. *Success helps success.*

The Income and Expenditure Account for the first nine months of the present year of the London Homœopathic Hospital shows a *deficiency* of £7,000. This is no solitary instance; all hospitals, large and small are more or less suffering the same, but it must emphasise the truth of the statement that some of the most valuable hospitals will have to be closed or partly closed, unless steps are taken by State or other aid to increase the income, or they are themselves, by other means, able to lessen the enormous and increasing deficiency, which at present marks the difference between the available income and the necessary annual expenditure.

In conclusion I should like to emphasise that whilst for a very extended period the policy of the voluntary hospitals has exhibited little change, everything around them has undergone change, in some instances radical change. The ship of the voluntary system seems to have lacked the services of a sailing master, and its sails have never been trimmed to the shifting breeze.

My remarks, I fear, have only been of a rambling and disconnected character, for the subject is a wide one, and its ramifications so extensive that it has been impossible to do more than consider in a very superficial manner some of the many questions it presents. I realise only too well many valuable points are left unmade, and others but feebly illustrated.

As Carlyle truly said: "Our business is not to look at what lies dimly in the future, but at what lies close at hand." All that we can do as individuals is to carry out any new duties or re-arrangements which may devolve upon us under the new Ministry to the best of our ability, and prepare our Institutions for such new duties or re-arrangements when they are asked for by the Minister of Health or required by the Ministry.

I am sure the voluntary hospitals will emerge triumphantly if they continue to rely on the fundamental principle which created them, a principle which has stood the test of time and which is the only principle adapted for their mission of caring for the sick poor, that principle being charity.

INDICATIONS FOR SPIGELIA IN INFLUENZA.—Influenza accompanied by prosopalgia.—DR. JAHR.

INDICATIONS FOR SILICEA IN INFLUENZA.—For catarrhal disposition left after an attack of influenza.—DR. JAHR.

INDICATIONS FOR SQUILLA IN INFLUENZA.—Moist cough from the commencement, with mucous expectoration.—DR. JAHR.

INDICATIONS FOR CHINA IN INFLUENZA.—Debility after the influenza, with loss of appetite and heat without thirst.

—DR. JAHR.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE third meeting of the Session was held on December 4th at the L.H.H., the President, Dr. E. A. Neatby, in the chair. After preliminary business, Mr. Hay showed a Mammary Cyst, with intracystic growth.

The first paper of the evening was read by Dr. Fergie Woods, on the Homœopathic Aggravation and Amelioration. It proved a witty and stimulating statement of practical points for the guidance of physicians using homœopathic remedies. It was followed by a paper by Dr. E. Bach, on the relation of Vaccines to Homœopathy. This, alike in its summary of past knowledge, its comparison of present beliefs, and its forecast of future possibilities, was one of the most remarkable papers which the Society has heard of recent years. Both papers were listened to with deep attention, and we hope in due course to publish both, after they have appeared in the Society's own Journal. These papers were discussed together by Dr. Wheeler, Dr. Wynne Thomas, Dr. Hall Smith, Dr. Burford, Dr. Weir, Dr. Goldsbrough, Dr. Tyler, and the President, and Dr. Bach replied.

A paper by Mr. P. B. Roth, F.R.C.S., was held over till there should be more time to do justice to it.

INDICATIONS FOR IPECACUANHA IN INFLUENZA.—Paroxysms of cough, accompanied by violent urging to vomit and vomiting of mucus.—DR. JAHR.

INDICATIONS FOR SENEGA IN INFLUENZA.—Constant tickling and burning in the larynx and throat, with danger of suffocation when lying.—DR. JAHR.

INDICATIONS FOR PULSATILLA IN INFLUENZA.—Cough day and night, especially when lying, with mucous distress in the bowels and diarrhœa. DR. JAHR.

INDICATIONS FOR CAMPHORA IN INFLUENZA.—Catarrhal asthma with-excessive accumulation of mucus in the bronchi, suffocative fits, and dry and cold skin.—DR. JAHR.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),
Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH NOV. TO 15TH DEC., 1919.
GENERAL FUND.

<i>Subscriptions.</i>					£	s.	d.
Miss M. A. Prichard	..	..	..	..	2	2	0
Miss Holland	..	..	..	..	1	1	0
Miss T. Gosse	..	..	..	..	10	6	
Mrs. Dawson	..	..	..	..	1	1	0
Mrs. Ball	..	..	..	..	10	6	
Mr. Compston	..	..	..	..	12	6	
The Rev. A. Lewis Innes	..	..	..	..	2	6	
Mr. P. Hall-Smith	..	..	..	..	1	1	0
					£7	1	0

SUBSCRIPTIONS AND DONATIONS IN RESPONSE TO
SPECIAL APPEAL, RECEIVED FROM 16TH NOVEMBER TO
15TH DECEMBER.

<i>Subscriptions.</i>				<i>Donations.</i>			<i>Total.</i>		
	£	s.	d.	£	s.	d.	£	s.	d.
The Rev. T. Wolseley Lewis				1	0	0	1	0	0
W. Butler, Esq.	..	..		5	5	0	5	5	0
E. P. Davies, Esq.	..			1	0	0	1	0	0
C. E. Moilliet, Esq.	..			10	0		10	0	
Dr. John McLachlan	..	1	1				1	1	0
Dr. John Weir	..	5	5				5	5	0
Mrs. A. S. Chavasse	..	2	2				2	2	0
Miss L. Sharpe	..			5	5	0	5	5	0
Mr. W. Clowes Pritchard	..	3	3				3	3	0
Mrs. Swain	..			1	0	0	1	0	0
T. G. Griffiths, Esq.	..			1	1	0	1	1	0
Mr. T. Miller Neatby	..	1	1				1	1	0
Anonymous	..			1	1	0	1	1	0
Mrs. Cormouls Mason	..	1	1				1	1	0
Messrs. Wood, Ormerod & Co.				1	1	0	1	1	0
R. Burlingham, Esq.	..			2	2	0	2	2	0
Mrs. A. L. Warden	..			2	2	0	2	2	0
Mrs. Whiskin	..			1	0	0	1	0	0
Dr. J. P. Cavenagh	..	1	1				1	1	0
Mrs. Alder	..	1	1				1	1	0
£15 15 0				£22 7 0			£38 2 0		

The usual monthly meeting of the Executive Committee was held at Chalmers House on DEC. 17th.

VARIETIES.

INDICATIONS FOR STANNUM IN INFLUENZA.—Cough dry at first, then moist, with copious expectoration, or when the influenza threatens to assume a phthisicky character. —DR. JAHR.

INDICATIONS FOR BELLADONNA IN INFLUENZA.—Spasmodic cough, or excessive aggravation of the headache by talking, bright light, walking and other motions ; or when the meningeal membranes are involved, with burning heat, restlessness, delirium and convulsions.—DR. JAHR.

INDICATIONS FOR SABADILLA IN INFLUENZA.—Fluent coryza, dullness of the head, gray dingy colour of the skin, dull cough with vomiting or spitting of blood, especially when lying down ; aggravation of the symptoms in the cold, also towards noon, and still more towards evening ; red spots on the face or on the chest.—DR. JAHR.

RECURRENT MALARIA.—Statements have been made that during the present war there has been an increase of cases of malaria, a greater degree of recrudescence of the infection, and a more tenacious resistance of it to quinine. Dr. Guiseppe Vaccaro, who has had exceptional opportunities of investigating the subject at the chief military hospital at Leghorn, contributes some interesting remarks on the question in a recent issue of *Il Morgagni* (Archives, No 12, December 31st, 1918). One explanation that has been put forward of the failure of quinine to prevent these recurrences is that the disease was produced by species of parasite prevalent in Albania and Macedonia which differ from those commonly met with in Europe. It was found, however, that in more than 500 of such cases examined by Dr. Vaccaro the parasite of the species *vivax* predominated, while the number of cases of malignant tertian and mixed infection seemed rather higher than in patients from the Lower Isonzo. Quinine given rationally and in sufficient doses in these cases acted in such a manner as to exclude not only all doubt as to its efficacy, but also the possibility of new and different parasitic forms being present. Dr. Vaccaro is of opinion that cases of malaria are more numerous because, for military reasons, many individuals stationed in malarial areas have been exposed to infection ; that recurrences are more frequent and obstinate because the cause and conditions which have a provocative influence over the onset and recrudescence of the infection act together with more insistence and frequency, such as change of climate, exposure cold, hardships, and wounds ; that quinine has not given the results that were expected of it because the patients were not subjected, for easily understood reasons, to a reasonably sufficient and prolonged treatment, and, in addition, the infection has been extensively diffused owing to the large number of gametiferous patients left at large. The fact, however, that

many patients have had violent relapses, even while under treatment by quinine, is an indication that the problem of recurrent malaria is an important one. The prevalent theory, that of Bignami, is that relapses are connected with the survival of asexual elements, which, either from their degree of development or because quinine resistant, take refuge in internal organs, where they remain living but inert, until from some provocative cause they develop and constitute a fresh febrile crisis. This theory, which might explain relapses which occur within a few days after the cessation of fever with incomplete or suspended quinine therapy, fails to account for those which manifest themselves a long time after the fever has ceased and after systematic quinine treatment, much less for those which occur at long intervals or before epidemics. The capacity of long survival in asexual parasitic elements, whose vitality is bound up with the precarious vitality of the red blood cells, at whose expense they live, seems to Dr. Vaccaro to be untenable and not consistent with the sudden and violent manner in which the clinical febrile symptoms show themselves. Even admitting the possibility of survival of asexual elements as an explanation of relapses after a short interval, the cessation of fever would depend upon the smaller number of these elements which survive the action of quinine for the defensive reaction of the organism, and are no longer capable of provoking a febrile reaction, and would not depend upon the interruption of reproductive development. This interpretation of returns of activity of malarial infection justifies the indication to persist in the administration of quinine with the object of suppressing completely the febrogenetic generation for a long time after the febrile attacks themselves have ceased.

In the present state of our knowledge we do not know the final transformations which the sexual elements have to undergo in order to bring the parasite to develop a fresh generation, but it may be that the gametocytes can remain inactive in the hæmatopoietic viscera and under the influence of some internal or external cause develop and give rise to parasites of febrogenetic generation. This theory which attributes recurrences of malaria to the survival of sexual rather than asexual elements of the parasite, seems to Dr. Vaccaro to be the more probable. It is, in his opinion, highly improbable that any recrudescence of survived asexual elements could resist the action of quinine already in the system; and if quinine resisting, once launched into the circulation they would soon be extinct, whereas numerous parasitic elements can be found in the circulating blood on the first attack of a relapse. It seems, therefore, more reasonable to admit that the gametes arising from the development of the sexual elements are attacked by quinine less effectively than the young merozoites arising directly from the sporulation of the mature asexual elements, and hence the relapse takes place even while successive generations become quickly extinct and disappear under the influence of the specific drug.—*Lancet*.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, Russell Square, W.C.1, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Beck (Joseph C.) and Frank (Ira). *Plastic Surgery of the Face, Head and Neck*. With 107 Stereoscope Demonstrations and 33 Case Reports. With Stereoscope. Cr. 8vo., in box. 35s.

Brodie (C. Gordon). *Dissections Illustrated*. With plates drawn and lithographed by Percy Highly. Folio, pp. 146. 25s.

Gruner (O. E.). *The Exact Diagnosis of Latent Cancer. An Inquiry into the True Significance of the morphological changes in the Blood*. Folio, pp. 86. n. 7s. 6d.

Leavitt (Frederick E.). *The Operations of Obstetrics*. 8vo. n. 30s.

MacCabe (Brevet Lieut.-Col. F. F.). *Human Life, and how it may be pro-*

longed to 120 years. Cr. 8vo., pp. 297. n. 6s.

Medicine. Part I. "Catechism Series," 2nd edition. Cr. 8vo. pp. 414. n. 7s. 6d.

Pryor (James Chambers). *Naval Hygiene*. 8vo., pp. 514. n. 12s. 6d.

Rees (Ferdinand). *National Health : From Magic, Mystery, and Medicine, to a National Health Service*. Cr. 8vo., pp. 68. n. 1s. 6d.

Watson (J. A. S.). *Heredity*. Revised edition, 18mo., pp. 126. n. 1s. 3d.

Webb-Johnson (C.). *Painless Child-birth and Twilight Sleep*. Foreword by Comyns Berkeley. 2nd edition. Cr. 8vo., pp. 187.

JUST PUBLISHED.

AN INTRODUCTION TO THE
Principles & Practice of Homœopathy

By **CHARLES E. WHEELER, M.D., B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Goldsbrough, London—Mr. Knox Shaw, London—Mr. Lee Mathews, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—
Journal B.H.S.—Calcutta Jour. of
Med.—Fran Homœopathiens Värld.
—Indian Homœopathic Reporter.
—Homœopathisch Tijdschi ft.—
North American Journal of
Homœopathy.

The Homœopathic World.

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An Address to the Homœopathic Congress, 26th September, 1919. By W. Lee Mathews.

A Notable Advance in Health Administration. By Mr. H. G. Purchase, LL.B., M.P.

Some Stray Thoughts on Hospital Matters. By Major E. A. Attwood.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

Receipts from 16th October to 15th November, 1919.

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THE HOMŒOPATHIC WORLD.

FEBRUARY 2, 1920.

HOSPITALS AND LEGISLATION.

THE meeting of Hospital delegates to consider the possibilities of future action by the Ministry of Health and its possible effects on Homœopathy is too recent for effective comment. But there are certain fundamental considerations which have been stated more than once, yet will bear repetition.

There is no need for homœopathists at once to assume that their interests will be attacked. There has never in all our history been less rancour or more general friendliness in the relations between our therapeutic school and the majority, and if we put our case well, we may reasonably expect this state of affairs to continue and to improve. But the prejudices and bitternesses of more than a century are not to be conjured away in a moment, and if it should happen that a scheme of the Health Ministry was incidentally (we do not believe it will ever be now deliberately) harmful to our beliefs, it is certain that we must defend ourselves, for there is no one else likely to hasten to our rescue. Now there is only one body capable of effective defence in such a matter, and that is a central body speaking for Homœopathy as a whole. This body exists. It is the Association. Therefore to support the Association is unquestionably the best insurance homœopathists can make against any future difficulties. This is a twice told tale, but it is not yet laid to heart as it should be. Every believer in Homœopathy must support the B.H.A.

NEWS AND NOTES.

CHILDREN'S HOMŒOPATHIC DISPENSARY.

OUR readers are probably aware that Mr. E. H. Morton, who was Chairman of the Council of this institution has had to relinquish the office because of retirement from London. It will be easily understood that his place has been hard to fill, but the Dispensary is to be congratulated on securing the help of Eric Hartridge, Esq., Barrister-at-law, who will henceforward serve as its Chairman.

HOSPITALITY TO B.H.S. MEMBERS.

A BUREAU has been established (Convener, Dr. D. M. Borland, 27, Nottingham Place, W.1) so that members from the country may be assured of hospitality for a night to enable them to be present at the Society's Meetings.

Members in or around London willing to offer such hospitality, are kindly asked to let the Convener know, and friends wishing to avail themselves of such facilities should communicate with Dr. Borland.

NEWS FROM SAN FRANCISCO.

OUR readers may remember that the Homœopathic College in San Francisco some time ago closed its doors as a separate teaching institution, receiving in return two professorial chairs in the California University for teaching Homœopathy. It is very pleasant to learn that the change has proved satisfactory. Dr. Ward writes :—

"I am sure that you will be pleased to know that the University movement is proceeding exceedingly well. There is not the slightest bit of differing among the old school members of the University. The impression one gets is that they are full of inquiry and anxious to see it succeed.

" Dr. Hill is doing splendid work. Dr. Boericke, our old champion of the cause, is accomplishing much in his particular line. Through this last year thirty-four sophomores elected to take the course of Homœopathy, nine juniors and twelve seniors have also elected to take the course. This is rather remarkable from the fact that these students are all from the old school body. As yet homœopathy is so young in the University that it cannot necessarily show classes of its own selection.

" This is certainly a very wonderful showing, and it put it directly up to the homœopathic profession to show to the University the value. They are certainly very much impressed, and I am not anxious for its future."

MESSRS. KEENE & ASHWELL'S DIARY FOR 1920.

THIS hardy annual having survived the war satisfactorily was certain to make its usual brave show in peace. There is nothing to say about it beyond the satisfactory statement that it is as good as ever, and as our readers know that is about as good as can be.

AN INTERESTING APPOINTMENT.

THE Rev. Abbot Roland Upcher, who was vicar of St. Mary's, Bramhall Lane, Sheffield, from 1877 to 1889, has been appointed an honorary Canon of the diocese of Edmundsbury and Ipswich.

In 1889 the Canon left Sheffield for the Vicarage of Halesworth-cum-Chediston, in Suffolk, and was Rural Dean of North Dunwich until his appointment in 1913 to the rectory of Stradbroke, which he now holds.

The Canon took his degree at Trinity College, Cambridge, in 1872, and during his University career gained his blue and won the quarter-mile race against Oxford, and was president of the Cambridge Athletic Club. His many Sheffield friends will be interested to hear that, during the peace celebrations at Stradbroke last summer, he maintained his reputation as

an athlete, and took part in a race of one hundred yards for men over 50, and though he started from scratch, and was over 70 years of age, the result was a triumphant win for the Canon.

This news is of great interest to the "HOMŒOPATHIC WORLD," for the Canon is a staunch supporter of Homœopathy and a contributor to our pages, though under a *nom-de-plume*.

THE RIGHT LEVEL FOR AMPUTATION IN ARTERIO-SCLEROTIC GANGRENE.—Dr. D. N. Eisendrath and Dr. R. B. Bettman have pointed out the error of the majority of surgeons in being guided as to level to amputate by the area of arterio-sclerotic gangrene. Not infrequently the amputation is followed by extensive sloughing of the flaps, and either death from sepsis follows or the opposite limb becomes affected by extension of the thrombosis from the femoral to the iliac artery, and then to the opposite iliac. Dr. Eisendrath and Dr. Bettman felt that the ideal method of choosing the level to amputate would be to expose the femoral artery at the middle of the thigh, and to follow it upwards or downwards until the level was reached at which thrombotic occlusion ceased and distinct pulsation could be observed. This method gave gratifying results in the following case. A man, aged 56 years, was admitted to the Michael Reese Hospital, Chicago, with marked evidence of arterio-sclerosis and gangrene involving the entire dorsum of the foot. Pulsation was absent as high as the upper femoral region. Amputation through the lower third of the thigh by the Gritti-Stokes method was decided on. On exposing the femoral vessels at the middle of the thigh for preliminary ligation they were greatly surprised to find the femoral artery completely occluded by thrombosis. Following the vessel upwards they could not find pulsation until close to Poupart's ligament. Here the artery was ligated just above the occlusion—that is, through the lowermost pulsating portion. Amputation was performed at this level, and the patient, who had been extremely septic, made an uneventful recovery. However, in spite of the high level of amputation, there was moderate gangrene of the skin flaps. Dissection of the arteries of the limb revealed many calcareous areas in the femoral and a firm clot occluding it up to a point close to the femoral canal. The clot was adherent in many places, and extended into the tibial arteries. The veins were normal. Dr. Eisendrath and Dr. Bettman consider that exposure of the femoral artery in order to determine the upper limit of the occlusion is the simplest and most accurate method of deciding on the level of amputation.—*Lancet*.

ORIGINAL COMMUNICATIONS.

CASES.

By DR. C. ECCLES.

I WAS called early in the morning of May 10th to see Mrs. A. M. I found her kneeling on the bed, being supported in this position by a neighbour. She was apparently in great pain, which she referred to the lower part of the back, and was afraid to move, as the slightest movement caused severe aggravation of the pain and made her scream.

The history of the case was that she had gone to fill a bucket with water from an "overflow" pump. To do this she had to stoop down, and as she was lifting the filled pail was suddenly seized with severe pain in the back. She had been assisted into the house and had been for several hours in the position in which I found her.

I was unable to make any accurate diagnosis, as every attempt to touch her, and especially every movement caused her to cry out.

From the suddenness of onset while in a stooping position and lifting a heavy weight, I thought it probably a subluxation of the right sacro-iliac joint. I, therefore, forced her to lie down on her side and did the "rocking" movements, of which Dr. Margaret Tyler speaks so enthusiastically. Almost immediately the patient said the pain had gone. She could lie comfortably, move about on the bed, and at my request got up and walked about. There was merely a slight ache which a few doses of Arnica, followed a day or two after by a dose of Ruta, cleared up entirely.

While attending her during these few days I learned that she had been suffering for the last six months from extreme mental depression.

During the whole of this time she had hardly been outside the house—never out of her garden. She avoided seeing people and spent most of the day weeping alone. She was a very spare, pale faced, fair woman, with two children.

In the last year her menstrual periods had been very irregular—three or four in the twelve months.

Her symptoms were :

Fear of disease.

Complained that her husband didn't understand her, and was getting tired of her always being ill.

Avoided people. Wouldn't send for the doctor.

Felt "tired out," as if no strength left.

Must lie down.

Weeping when alone—all the day long.

Wept when telling me of her illness.

< approach of storm.

Sleep.—> for a long sleep. A short sleep=trembling.

Dreams nearly every night : of being pursued ; of horses ; of falling from high places.

Hot flushes begin on face and go downwards all over her, followed by sweating all over and feeling of exhaustion.

Menstrual Periods.—Very irregular and last only one day. Much < when menstrual periods due.

Eating.—Easily filled up, followed by faint, sickly feeling about two hours after. > eating.

On May 16th I gave Sepia 1M, three powders, one every eighth hour.

There was no aggravation and not the slightest amelioration. And yet on carefully reconsidering the case the symptoms seemed to point to Sepia and nothing but Sepia. So after waiting a fortnight I gave Sepia C.M., two powders.

The effect was apparent at once. Within three days her depression had lifted. At the end of a week she was going among her friends, and in less than a month she travelled with her two children 200 miles to visit a sick sister.

I learn that she still keeps quite well.

I think this case is of interest for two reasons. First as showing the necessity of thinking of subluxation of the sacro-iliac joint in all cases of suddenly occurring pain in this region. Secondly, the desirability of sticking to the remedy until different potencies have been tried.

CHARLES R. FARMER, æt 60. Says he had sciatica in right leg seven years ago and one year ago.

He complains of pain in right buttock, which came on a fortnight ago, extends down front of thigh, round the knee and down the outer side of leg to ankle. The pain is of a pricking character in lower legs, aching in buttock and thigh.

I found a painful point over sciatic nerve in buttock. < on pressure. Very severe pain when sciatic nerve is stretched by flexing lower extremity at hip with leg extended.

Abdomen : nil.

Per rectum : nil.

The pain is < in bed at night, wakes him up, and drives him out of bed, making him walk about. A little > sitting and pressing buttock on a hard chair ; > sitting supporting thigh on hand and letting lower leg hang down with knee flexed. Desires salt and highly seasoned foods.

I gave Sulph. 30, one powder, but there was no improvement.

One day when he came to see me he said, " If I could be always eating I should be all right." > eating.

I gave Kali Bi 1M., one powder.

Seven days after the pain had gone, except slightly at ankle. He did not come to see me again, and on my meeting him in the street he told me he had not been because there was no need as the leg was well.

INVOLUNTARY PROVING OF GELSEMIUM.*

By P. L. MCKENZIE, M.D., Portland, Ore.

GELSEMIUM has become one of our polychrests, I presume, because its symptoms are so strongly marked, so clear cut, that its selection in the beginning of sicknesses is easily made. It is a deep acting remedy, but not a long acting one. It may be very useful in cases where acute diseases have a tendency to delay

*From the *North American Journal of Homœopathy*, with all acknowledgments.

in recovery, but the range of its action does not embrace the chronic miasms, or a real case of chronic disease.

Its action covers very closely the symptom trail of flu, and has probably done more than any one remedy towards placing Homœopathy on the pedestal of predominancy during the recent influenza epidemic. So closely does it resemble the initial symptoms of flu, that in my estimation it is the best preventive yet discovered. In my work last winter I put up scores of prescriptions for people exposed to the disease, and I only know of one case who came down with it after taking the remedy, and not until he had ceased taking it for three or four weeks, showing what I stated at first, that it is a short acting remedy. If it is to be used for prophylactic purposes it must be maintained throughout the period of exposure if you expect the best results, persistently at first, then less often until the patient is getting one or two doses a day.

Two or three months ago I had an experience with this drug which might be instructive if not interesting.

At 5.30 p.m., before leaving my office, I swallowed fully an ounce of the tincture of Gelsemium in mistake for grape juice. One would imagine that the difference in taste would enable one to reject the Gelsemium before swallowing. I really did recognise the mistake at once, but the mind having conveyed the idea of swallowing to the organs, seemingly could not countermand the order in time to prevent the act.

The sequence of drug action as I experienced it, I will try to give as correctly as memory will permit. Almost immediately after taking the drug my eyesight became affected, so much so that I could not find the antidote in the *Materia Medica*. I then drank one or two glasses of water and bicarbonate of soda, and tried to induce vomiting by tickling fauces, but with very indifferent success as throat seemed to be paralyzed. I then took a few drops of Nux in water and started for home, where I arrived probably forty minutes after taking the drug. Head hot, with a very full and disagreeable feeling, not so much an aching as a great pressure in eyes, and a sensation as if

forehead projected several inches forward and downward; felt tired and exhausted. Chilled, except head. Next followed increased activity of bladder and kidneys, passing urine often and in increased quantity. Quite unsteady on feet; staggering gait, whether due entirely to muscular inco-ordination or partly to visular disturbance, I am unable to say. The circulatory and respiratory systems became greatly disturbed at this time; heart getting weak and irregular and respiration rapid and very distressing, principally due to a paralysis of the throat organs, including a very relaxed condition of the soft palate. Difficult articulation, and a complete inability to clear the throat of mucus quite noticeable, causing intense discomfort.

Dr. Canfield was with me at this time and administered the proper antidote, China and Digitalis; the heart reacted promptly to the Digitalis and the danger was over.

In conclusion let me say that the drug taken was too large to produce any but primary symptoms, but in the main they agree with the books. One exception I might mention in relation to the heart. It states, as you may remember, that one prover described a sensation relating to the heart as follows: "Feel as if heart would stop beating if she did not move about." Had no feeling of that kind in my case.

One other point I wish to emphasise, as you might meet it in practice some time and it might aid in choosing a remedy; I mean the symptom of apathy by the patient regarding their sickness: absolute lack of fear, which is a strong Gelsemium characteristic. I watched the course of action of this drug on my own organism with intense curiosity, and a grim sort of pleasure, and when everything of physical life was concentrating in one little space around the heart, and that life area growing smaller every minute, it caused no mental alarm. At the same time my mind was perfectly clear as to the necessity for recovery. But whatever interest it may have had at the time I have no desire to repeat the experience. Quite willing I am to pass it along to the next fellow.

GENERAL PERIODIC DRUG-DISORDERS.

By the late DR. LEOPOLD SALZER, M.D.

Periodical feeling of weakness : Ferr.

Daily at a certain hour (mostly in the evening),
faintness : Lycopod.

Almost every other hour frequent attacks of extreme
weakness and insensibility : Acon.

Frequent return at regular hours, of the pain and
uneasiness, as in fever and ague : Ars.

Periodic return of pains : Ferr.

There is marked periodicity in the symptoms :
Tarent.

Periodic return in the symptoms, often clock-like
in its regularity : Cedron.

The attacks recur periodically : Centaur Tag.

Obstinate periodical pains : Sec. corn.

The symptoms, subsequent to the bite, assume a
periodic character, with tendency of the cachectic
symptoms to return : Vipera.

Convulsions occurring regularly. : Strychn.

The most violent spasms seem to occur periodically,
so that the recurrence of a new attack could be foreseen :
Sec. corn.

Periodical appearance of twitches and spasms,
often associated with hallucinations : Alcohol.

Daily return of epileptic fits : Ars.

Better and worse on alternate days : Thuja, Calc.
carb., Lycopus.

The medicine has begun a second round or course
which has been longer ; all the symptoms are more
decided, distinct and prolonged than the first time,
and the medicine seems to act more searchingly than
in the first round, although the dose has not been
repeated : Physost.

In one or two days the attacks cease and then con-
tinue again for a couple of days, so that a certain
periodicity may be observed in the symptoms :
Anacard.

Complaints assume the form of intermittent fever :
Antim. oxid.

Symptoms which repeat daily came later : Pallad.

The symptoms recur in an intermittent type, in one to three days and duplicate, appearing in the morning, forenoon, afternoon, before and after midnight, at the day of the occurrence : Thuja.

Every four days (later in the proving every two days) the symptoms seem to aggravate : Dirca pal.

Most of the primary effects of large doses last five days, in one prover many of the symptoms returned after the second five days, and then disappeared for weeks : Sabad.

Every seven days the attacks (particular to the action of the drug on the prover) reappear, with the exception of the urinary symptoms : Cantharis.

In seven days' paroxysms ; involuntary alternate extension and contraction of the muscles in different parts of the body, without pain and with full consciousness : Lycopod.

Appearance of the symptoms every eight days : Tellur.

The spasms mostly returned on the ninth day (in some other cases after a month) : Sec. corn.

Return of the symptoms on the fourteenth day : Chelid. maj.

The symptoms seem to reappear after three weeks : Magn. carb.

After the third week all the symptoms come on again ; they appear more on the left side of the body : Antim. crud.

Thinks the symptoms return every four weeks, and continue about six days and then remit : Plantago.

Some of the pains and the itching reappear after four weeks : Ferr. magnet.

The effects noticed the first few days and the original symptoms of the disease, for example, troubles with the digestion, etc., are for the most part repeated after from two to four weeks : Carlsbad.

The same symptoms (erysipelalous) appear every year about the same time : Rhus ven., Lachesis, Thuja.

Periodic return of symptoms every year : Crotal, Lachesis (and all other snake poisons).

In spring and fall the symptoms reappear or aggravate : Robinia.

DRUG-DISORDERS AGGRAVATED BY WEATHER.

With cold weather rheumatism occurs, leaving with the hot weather : Calc. phos.

In winter rheumatic pains much more severe than in summer : Kali bichr.

Especially at the beginning of the cold season rheumatic pains and pains in the bones : Kali iod.

Sufferings during cold weather and the prevalence of north-western winds : Rhus tox.

Could not bear as well as usual the cold weather : Formic acid.

Cold, damp weather aggravates the symptoms : Ledum.

One marked symptom presented by all these patients (coming from the mercurial mines of Almaden, in Spain) is their susceptibility to cold ; a current of air, a change of temperature, a cold or damp season, all aggravate and cause suffering. (Report of Dr. Paul Raymond in *Le Progrès Médical* for 6th December, 1884.)

In moist, cold weather frightfully severe pains about the joints (very strikingly resembling the chronic sufferings produced by alcoholism) ; the pains do not run in the course of the nerve, like neuralgia ; nor are they exactly in the joints, like articular rheumatism ; they seem to encircle the limb, the finger, immediately above or below a joint : Chloralum.

Aggravation of all the symptoms from great heat, great cold, and especially from stormy weather : Tabac.

During low barometer and when the wind blows, the pains aggravate : Tabac.

Damp weather aggravates the pains : Curare, Colocyn.

Dampness of air aggravates the rheumatic symptoms, especially at night : Polyporus pinicola.

Dampness and change of weather aggravate all the symptoms : Tarent.

Worse in rainy weather : Pœonia.

Sensitiveness to change of weather : Calc. carb., Cham., Cupr. acet., Sulph., Vipera.

Every change of weather is felt by her in the head and limbs : Silic.

Especially during change of weather, nervous : Merc.

Sensitiveness of the skin to every change of temperature, especially cold air, draughts and the evening air ; shivering easily runs through the whole body : Lycopod.

Almost all the symptoms reappear with rough weather : Rhodod.

He experiences pain previous to change of weather : Phosph., Gastein.

Stormy weather affects him ; he feels already a restlessness in his blood a few days before : Psorin.

Stormy weather makes him sick and causes hæmorrhoidal troubles : Psorin.

Exacerbation of all the symptoms in stormy weather : Sarracenia.

At the approach of a tempest a sort of swoon : Petrol.

On the approach of and during a storm, he is violently affected ; the powers are exhausted when walking, he cannot proceed, is obliged to be led, becomes very weak and sleepy, with heaviness and heat of the body : Silic.

She is very sensitive to the electricity of the atmosphere ; it gives her a painful feeling and low spirits : Raphan.

About new moon most of the symptoms make their appearance : Silic.

ANGINA PECTORIS.

By DR. MACFARLAN.

THERE recently appeared in the columns of the *Journal of the American Medical Association* an exhaustive and elaborate study, from nearly every point of view, of that very painfully terrifying and acute affection known as steno-cardia or angina pectoris. It was a contribution of Dr. E. F. Ingals, in collaboration with W. R. Meekere, B.S.

Of interest to us, however, are the annotations along the line of the disease's symptomatology. Taking this as a guide and using Bœnninghausen in his capital type under each indication, we arrive at an estimate of a certain lot of counter disease-forces which may well serve as a means of combatting the disease. It will at least serve at any rate as a practical basis of treatment. The following are what we find under each.

The blood pressure may be excessive.

Aconite, belladonna, bryonia, cheledonium, hyoscyamus, and stramonium.

Bradycardia :

Cannabis indica, digitalis, opium and stramonium.

Profuse Sweating :

Aconite, belladonna, calcarea carbonica, chamomilla, china, hepar, mercurius, nitric acid, nux vomica, opium, rhus toxicodendron, selenium, sepia, silicea, sulphur, veratrum album.

Salivation :

Belladonna, iodium, iris versicolor, jaborandi, mercurius, mercurius corrosivus, nitric acid, nux vomica, pulsatilla, rhus toxicodendron, stramonium, sulphur, tabacum.

Fever :

Aconite, belladonna, bryonia, lachesis, mercurius, nux vomica, phosphorus, pulsatilla, rhus toxicodendron, secale, valeriana.

Face Pale :

Antimonium tartaricum, arsenicum, china, cina, phosphoric acid, plumbum, secale cornutum, sepia, tabacum, veratrum album, sulphur, opium.

Face Red (flushed in A.M.A.) :

Aconite, belladonna, bryonia, chamomilla, china, cicutula, cina, hyoscyamus, melilotus, mezereum, nux vomica, opium, rhus toxicodendron, stramonium, veratrum viride.

Restlessness :

Anacardium, arsenicum, belladonna, cimicifuga, hyoscyamus, mercurius, plumbum, pulsatilla, rhus toxicodendron, secale cornutum, sepia, silicea, staphysagria, stramonium, sulphur, zincum.

Tremors :

Argentum nitricum, cicuta, cimicifuga, conium, gelsemium, mercurius, opium, platina, pulsatilla, rhus toxicodendron, stramonium, sulphur.

Gaseous Eructations :

Arnica, belladonna, bryonia, cocculus, conium, mercurius, natrum carbonicum, natrum muriaticum, nux vomica, phosphorus, psorinum, pulsatilla, rhus toxicodendron, sepia, sulphur, veratrum album.

Dyspnœa :

Aconite, antimonium arsenicosum, arsenicum, belladonna, bryonia, cactus, carbo vegetabilis, chlorum, colchicum, croton tiglium, cuprum, ferrum, ignatia, iodum, ipecachuana, lobelia, nux vomica, phosphorus, pulsatilla, sepia, squilla, stannum, sulphur, veratrum album, veratrum viride.

Anxiety :

Aconite, arsenicum, aurum, belladonna, calcarea carbonicum, cannabis indica, pulsatilla, rhus toxicodendron, veratrum album.

Grinding Pain (not capital type).:

Agaricus, cocculus and dioscorea.

Aversion to Motion (used as a fit for the A.M.A., idea of " Immobility from a fear to move, or a feeling that one cannot move ") :

Aconite, arsenicum, caladium, guajacum, nux vomica.

Thrursts (bearing on the pain) :

Arnica, cina, platina, ruta, sulphuric acid.

Worse from Motion :

Belladonna, bismuthum, bryonia, cocculus, colchicum, ledum, mercurius, nux vomica, pulsatilla, ranunculus bulbosus, sabina, silica, spigelia, sulphur.

Worse during Sleep :

Arnica, arsenic, belladonna, borax, byronia, chamomilla, hepar, hyoscyamus, mercurius, opium, pulsatilla, silica, stramonium, sulphur, zincum.

Worse in Cold Air (in A.M.A. "Cold or Stormy Weather") :

Allium cepa, arsenicum, aurum, camphora, causticum, dulcamara, helleborus, hepar, Kali carbonicum, moschus, nux moschata, nux vomica, rhododendron, rhus toxicodendron, rumex, sabadilla, strophanthus.

From this survey we find the following medicines in a descending order of importance in this affection : belladonna (eleven counts), nux vomica, rhus toxicodendron and sulphur (each with nine counts), pulsatilla with eight counts, whilst aconite, bryonia, arsenicum album and stramonium have each seven.

SOME EXPERIENCES IN THE ARMY.*

BY DOUGLAS M. BORLAND, M.B., CH.B. GLASG.
Assistant Physician to the London Homœopathic Hospital.

MR. CHAIRMAN and GENTLEMEN.—When I was asked by the Secretary to tell you a few of the experiences I have had abroad it was a little difficult to decide upon what exactly to speak, and I have been led to my choice by two considerations, firstly, as to what I could tell you as homœopaths which might be of some interest to you, and secondly what I could put before you in a more or less interesting form.

One afternoon in June, 1915, when resting after the second battle of Ypres, three of the members of a Field Ambulance in France were lying on their backs in a bell tent in the yard of a Belgian farmhouse talking about things in general. Very soon, as usually happens where several medical men are together, they started to discuss various medical questions. After this had

* A paper read to the British Homœopathic Society, July 2, 1919 reprinted, with full acknowledgments from the *British Homœopathic Journal*.

gone on for some time, one of their number started to introduce what appeared to the others as weird tales. He talked about typical cases of acute conditions in which all symptoms disappeared days before one would expect them to do. He then talked about chronic cases such as one often meets with where one does not expect to find any improvement at all. He spoke of them and gave instances in which these seemingly incurable cases had been very much improved and in some cases where the patients had eventually returned to health. He admitted that in ordinary medical practice one expected that cases would run an atypical course, but on the other hand from the way in which he was talking it appeared as if he, in his own practice, expected these atypical cases to occur every time. The other two men who were in the tent at the time were somewhat astonished, and were in a good deal of doubt as to how to take what the man had been saying, but on the other hand, they had for weeks been living together under somewhat trying circumstances, and in every other way this man who was talking had appeared to be perfectly normal and, so far as they could make out, he was perfectly reliable. He had either suddenly become a first-class liar or else—they did not know exactly what. In any case they became distinctly curious and for the next two or three hours the talk ranged over Homœopathy—what it claimed it could do and what this man said he had seen it do. The attitude of the other two men ranged from absolute mirth to doubting curiosity.

I can picture them now lying on the ground listening to tales of moribund, acute summer diarrhœas, suddenly recovering after administration of a single dose of a cm.

A few weeks later one of these men was wounded. He was a M.O.H. and had been in charge of mentally defective children, and once or twice he suggested that after the War he would like to come up to the Homœopathic Hospital so see what was being done in the way of children's work, and he told me that if he found himself up against a bad case we would send it up for treatment. I heard from that man last week saying that he had returned to England, and asking if

I had got home and if I was still interested in my peculiar fad and in mentally defective children. I expect before long to see that man or some of his children.

The other member of the trio became ill. He got what appeared to be an early paratyphoid. At that time in France the medical arrangements were not so perfect as they became later. Clinically, the man was suffering from paratyphoid, but it was impossible at the time to have the diagnosis verified by laboratory tests. He had served with his unit before the war and was very loath to be sent down sick. He said to me " You pretend you can do all sorts of things for acute diseases, can you give me anything to cure this condition so that I need not go to hospital ? " I said I did not know but I would try. He appeared to have several indications for natrum mur. It pleased me, as it was something of which he had previously heard. I told him I was going to give him a 10,000 dilution of natrum mur. He roared with laughter. Unbelief does not begin to express what the man really thought, but he took his natrum mur. Three days afterwards he was back on duty. An error in diagnosis ? possibly ! But on the other hand the man was definitely sick, he had a steadily rising remittent temperature, which was getting worse every day, and three days after his first dose he was back on duty.

Next I want to talk to you about the conditions in Macedonia in the late spring of 1917. At that time the Army sanitation was pretty bad. The heat was appalling, the place was infested by flies, and the dust very trying indeed. We got all sorts of digestive troubles, and gastro-enteritis in one form or another was almost universal throughout the force. There was a regular epidemic of dysentery. During that time I was Medical Officer in charge of a brigade of Gunners. As R.M.O. in charge of a unit one is in rather a difficult position because one is between the C.O. and the medical authorities. The C.O. wants to keep all his best men with him and the medical authorities lay down that wherever you have a man who will be damaging himself by being kept with the unit or who will be a source of

danger to other men, he should be immediately sent to hospital. One was always trying to please the C.O. so long as it did not mean too flagrant disobedience of orders. Fortunately at the time we happened to be in a position where evacuation was very difficult. I was able to keep a number of these dysenteric patients. I established a dysentery isolation camp and during that epidemic I detained altogether about thirty-eight cases.

I cannot tell you from what type of dysentery these men were suffering. The only thing I know is that in the summer of 1917 there was no amœbic dysentery found in Salonica. All the dysenteries who had their stools examined were found to be bacillary, but every one of these was a case with a temperature, passing blood-stained mucus. The minimum time for which any one was detained in my isolation camp was twenty-four hours, and every man after being detained in the camp was kept under observation for five days. Three cases out of those who were detained failed to clear up, and were eventually evacuated to hospital. Of the remainder, all of them eventually returned to duty, and the average period during which they were detained in the camp was three and a half days.

I would like to tell you about one case which impressed itself on my mind. Before I went out to Macedonia I had been on leave at home, and I thought the probability was that I would run across cholera, and among other things I took out a supply of cuprum. I came across one man who was a battery sergeant. He was not seriously ill when I first saw him, but was passing some blood and mucus. I sent him to the isolation camp, and saw him again the same evening. He was then in a very bad condition, with a pulse of 120 to 130, with constant straining, and passing practically pure blood. I was very much worried about this man. The only symptoms I could get from which to prescribe were his generalized cramps. I gave him cuprum 50 m. He had half a dozen doses half-hourly. At the end of two hours the man was sound asleep. The following morning his temperature had dropped to normal, and the following evening he

passed his first motion, which was free from blood or mucus. That case interested me, because it was the only case in which I had ever prescribed cuprum for diarrhœa, and I had taken the cuprum out with the intention of prescribing it for cholera.

Also, in 1917, I had a case which rather interested me. The man's father was a doctor in Newcastle, and the man himself was a second year medical student. He had been in hospital for the previous six months, having been sent there with dysentery. During the six months he had recurring dysentery relapses. He was in Malta at the time, and every time he went out into the town and drank anything, he got a relapse. Eventually he got tired of the hospital, and was sent back to duty. He was still passing mucus. Finally he became very seedy, and, being a doctor's son and a medical student, he rolled along one day and asked for a tonic to pick him up. Instead of a tonic I gave him graphites 1 m. In five days his motions were completely free from mucus, and a couple of weeks afterwards the boy had completely changed from being a white-faced chalky youngster with no energy at all into a red-cheeked, cheerful youth, and the last time I saw him he was playing Rugger in a gunner team against the Division.

I should like to tell you about another case which occurred in the spring of 1918. I remember it particularly, because it is one of the "shots in the dark," and, personally, I did not expect it to do much good. One day, on going into the mess of one of the Sapper companies, I found one of the subalterns knocking about in the middle of the morning. I asked him what he was doing, and he said he could not get his boots on because of painful corns. Then he said: "I don't suppose you can do anything for corns?" That afternoon I sent him along a single powder of 1 m. silica. I forgot all about him, because the next time I went to the unit he was not in the mess. A week afterwards I met him, and asked him how his corns were, and he replied: "Oh, they all dropped out last night!"

There was another case in the Sappers which was rather interesting, though not from the same point of

view. An officer came along to the field ambulance one afternoon with typical symptoms of migraine. I happened to be on duty at the time, and saw him. After asking the usual questions I prescribed silica, and his migraine faded away. After his headaches had got better he started talking, and he told me that as a youth from early adolescence he suffered constantly from attacks of migraine, but had not had one since then till he experienced the great heat in Macedonia. He had formerly been treated by a homœopath—Dr. Bodman, of Bristol.

While I was with the Gunners a case cropped up which I should like to mention. There was one of the battery commanders who had been out in India, and who had had two or three attacks of dysentery. One afternoon, when I was going round the batteries, he told me that his dysentery had started again, and he was passing mucus, but no blood. He should probably have been sent to hospital, and would have been away from his unit for six or eight weeks. I told him to give me twenty-four hours to try. He agreed, saying I could have as long as I liked provided he was not sent away from the battery. I gave nat. carb. 10 m. His mucus disappeared in about twelve hours. He felt all right, and though he had not been feeling very ill before, he knew from previous experience that he was in for an attack, and what that meant. He was much astonished. Some time after I had left the Gunners I was out for a ride, and happened to be near this man's battery, so went there for tea. After tea the Major asked me to go down and see the horses, and we wandered round the horse lines. While there the veterinary sergeant drew the Major's attention to one of his horses, which was suffering from recurring attacks of colic. It was a fine horse, one of a beautifully matched gun team, and they were very averse to the idea that it might have to be cast. The Major said: "You can do things for people, can't you do anything for horses?" I must confess I felt rather stumped, as I had never treated animals, and had been trained up to think of the great importance of the mental symptoms. I asked some questions of the

driver and the veterinary sergeant, and finding what appeared to be some indications for a prescription, promised to send over some medicine. I sent a powder of lyc. 10 m. with directions that it should be put in a bucket of water and given to the horse to drink. While the sergeant was opening the packet containing the powder, half of it blew away, and I got an urgent message asking for more. I sent a message back telling him to put the remainder in the bucket, which he did, but I heard afterwards that, accustomed as he was to shoving horse-balls down horses' throats on the end of a stick, when he saw the powder, and had let half of it blow away, and was then told to put the rest in a bucket of water and give it to the horse to drink, his language was more fluent than parliamentary. However, the horse had its lycopodium, and did not have another attack of colic for eight months afterwards. The result was that from that time till I left the division I was known as the doctor who could cure colic in horses.

These are just a few things that happened while I was away. They tended to keep one interested in Homœopathy, and they tended to interest people outside. There are one or two other things I should like to tell you about, but I think I have told enough to give you some idea of the sort of thing one was doing.

ACTAEA RACEMOSA.—Hysterical spasms, convulsions, trembling of the legs, hardly able to walk; paralytic weakness.

INDICATIONS FOR PHOSPHORUS IN INFLUENZA.—The bronchial and laryngeal affection is so intense that the voice becomes altered from the pain, and speech is almost impossible.—DR. JAHR.

INDICATIONS FOR ARNICA IN INFLUENZA.—Inflammatory symptoms with spurious pleurisy, rheumatic pains in the limbs, crampy headache or bleeding at the nose and hæmoptysis.

DR. JAHR.

INDICATIONS FOR CAUSTICUM IN INFLUENZA.—Rheumatic pains in the limbs and chills, aggravation by motion; pains in the malar bones and jaws; dry, violent cough, worse at night, with heat of the whole body; sensation in the chest as if raw and excoriated; constipation, loss of appetite, and nausea or even vomiting of the ingesta.—DR. JAHR.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE fourth meeting of the Session was held on January 8th, the President, Dr. E. A. Neatby, in the chair. Dr. Agnes Bernfeld and Dr. Howard Jones were elected members, and Dr. C. Granville Hey a fellow of the Society. The following papers were read: "Some Cases from my Gynæcological Clinic," by Dr. E. L. Rowse, and "Medicine in Gynæcological Conditions," by Dr. M. L. Tyler. These were both eminently and usefully practical contributions and were much appreciated. They were discussed by Dr. Burford, Dr. Eccles and Dr. Neatby. Then Dr. C. G. Hey read a longer paper on "Medicine in Surgical Conditions," illustrated by some admirable cases. This paper was discussed by Mr. Wright, Dr. Wynne Thomas and the President. Dr. Tyler and Dr. Hey replied. The Dinner Club met as usual.

We wish to call special attention to the extra Society meeting to be held on February 19th, at 8 p.m. It has been arranged to meet the needs of those members who find 5 p.m. a difficult hour, but it is hoped that not only those, but all members will make a special effort to be present.

NOTIFICATIONS.

* * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. DAVIDSON.

Dr. W. A. DAVIDSON has left Uxbridge Road and taken over the practice at Surbiton of Dr. E. A. Hall. His address is 6, *Claremont Gardens, Surbiton*.

ACTAEA RACEMOSA.—Back of head and neck sore. The head is drawn back from contractions of the muscles at the nape. Violent aching down the back.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),*Chalmers House, 43, Russell Square, W.C.1.*RECEIPTS FROM 16TH DECEMBER, 1919, TO
15TH JANUARY, 1920.

GENERAL FUND.

<i>Subscriptions.</i>					£	s.	d.
Thos. Priestman Esq., Jr.	1	1	0
Miss K. A. Disney	10	6	
Dr. Margaret L. Tyler	1	1	0
W. H. Knight, Esq.	1	1	0
Miss Dowsett		2	6
Dr. W. A. Martisus	1	1	0
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SUBSCRIPTIONS AND DONATIONS IN RESPONSE TO
SPECIAL APPEAL, RECEIVED FROM 16TH DECEMBER,
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<i>Subscriptions.</i>					<i>Donations.</i>		<i>Total.</i>	
Mrs. I. Miall Green			1	0	0	1 0 0
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£6 16 6					£35 9 0		£42 5 6	

THE NATIONAL HOMŒOPATHIC FUND.

						£	s.	d.
Mrs. Clotworthy	100	0	0

The usual Quarterly Meeting of the Council was held at Chalmers House on Tuesday, 13th January, at 4.30 p.m.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday, 21st January, at 4.30 p.m.

The appeal of the Association for special endowment of special new activities has already borne fruit. A lady, whose name is honoured in homœopathic circles, Mrs. Clotworthy, of Deepdene, has contributed the sum of £100 specifically for the purpose of circulating homœopathic professional literature among physicians of the old school. The Council, in order to carry out the spirit and the letter of the donor's instruction, have put themselves into communication with every member of the British Homœopathic Society, asking that each and all of the professional homœopaths in Great Britain make himself, or herself, the intermediary for introduction to an old school friend of at least one volume. The work chosen for distribution is Dr. Wheeler's "Introduction to the Principles and Practice of Homœopathy," and, as there are some two hundred Fellows and Members of the British Homœopathic Society, at least two hundred copies of this classical work should thus be directly brought to the notice of a corresponding number of professional men of the old school. Already requests for copies for such distribution are being dealt with, and the Council regard this special method of circulation as likely to lead to the most eminent results.

The B.H.A. Executive Committee have appointed from their body a special Sub-Committee to consult and report upon matters relating to the Public Health Bill. This Sub-Committee have held two meetings in

view of a proposal the B.H.A. received from the 1919 British Homœopathic Congress that the Association should act on behalf of all homœopathic hospitals in connection with the Health Act, and, as a result of their deliberations, each homœopathic hospital in the country was asked to send two delegates to a meeting to be held in London on January 28th, when a dinner was given by Sir George Wyatt Truscott, Bt., the President of the Association, and by Mr. W. Lee Mathews, the Chairman of the Association, at the Waldorf Hotel, and the Conference held subsequently. A report of the proceedings of the meeting in question will appear in a subsequent issue.

THE TREATMENT OF WAR NEUROSIS.—The advance which has been made, as a result of experience gained during the war, in the method of treatment for cases of neurasthenia, shell shock, and functional nervous disorders in general as been considerable, for no other form of medical disability has received greater or more intelligent attention. The medical men who have been brought directly into contact with cases of this nature, and whose duty it has been during the war to undertake the care of this class of patient, have learned to appreciate the dangers which attend delay in treatment, while experience has shown that special methods will generally ensure satisfactory results. The Ministry of Pensions has established neurological hospitals for in-patients, and psycho-therapy clinics for out-patients where these tried forms of treatment can be applied, but the Ministry feels that full use is not being made of these institutions. Many general practitioners, it is suggested, have cases of war neurosis among their patients which are not benefitting to the full by modern developments in therapeutics. Consequently the Medical Service Department of the Ministry is inviting general practitioners who have cases of war neurosis under their charge to communicate with the Service at 14, Great Smith-street, Westminster, S.W.1, with regard to any case, even if the condition is not severe, which is not progressing rapidly towards recovery. In a severe case this should always be done, and, where necessary, the Ministry will certainly arrange for treatment at one of its special institutions.—*Lancet*.

EXTRACT.

BOILED VEGETABLES FOR THE-USE OF DIABETICS.*

By P. J. CAMMIDGE, M.D. (Lond.).

PURELY starchy foods are not, as a rule, well borne by diabetics, and they are consequently replaced to a large extent in the modern diabetic diet by vegetables. When the carbohydrate tolerance of the patient is low many vegetables cannot be taken without glycosuria resulting, and the range of the diet therefore becomes very restricted. It was pointed out by Von Noorden that boiling vegetables in water removes some of the carbo-hydrate so that a much larger bulk of a boiled than of a raw vegetable can usually be taken by a diabetic without harm.† He showed that raw spinach containing about 2.97 per cent. of carbohydrate will when cooked in water yield only about 0.85 per cent., also that 100 g. of ripe peaches containing 9.5 per cent. of carbohydrate contain only 1.8 g. after boiling and changing the water. Carrying the idea further, Allen has suggested‡ that thrice-boiled vegetables might even be more useful, especially in instances where ordinary boiled vegetables are not well tolerated, for he states that by boiling through three waters and throwing away the water nearly all the starch can be removed. It is claimed that vegetables prepared in this way are taken gladly by most severe cases of diabetes and without glycosuria. Very little experimental work appears to have been done on the composition of the material resulting from the treatment of vegetables with three changes of boiling water. It has been generally assumed that any vegetable of low carbohydrate value is rendered practically carbohydrate-free, while vegetables of high carbohydrate content, and particularly root vegetables, should not be used. With a view to throwing some

* From *The Lancet*.

† *Die Zuckerkrankheit*, 1912, p. 306.

‡ *Boston Med. and Surg. Journ.*, 1915, clxxi., p. 241.

light on the question and discovering which are the best vegetables to employ for the purpose, a number of experiments were carried out in my laboratory.

Sixteen varieties of commonly used vegetables were investigated. The root vegetables were cut into slices about an eighth of an inch thick and then into strips about half an inch wide; the others were cut into convenient lengths about half an inch long. They were soaked in cold water overnight, then put in a large excess of fresh cold water, brought to the boil, and boiled for a quarter of an hour. This water was drained off and they were again boiled for a quarter of an hour in a fresh supply. A further boiling in fresh water for a quarter of an hour completed the process. After each boiling a sample was taken for analysis. The reducing sugar was estimated by the process I have described,* and the "total carbohydrate" was determined by the same procedure after hydrolysis with a mineral acid. The figures obtained are summarised in Table I.

TABLE I.—*Thrice-boiled Vegetables.*

A, Total "carbohydrate" per cent. B, Reducing sugar per cent.

	Raw.		After 1st boiling.		After 2nd boiling.		After 3rd boiling.	
	A.	B.	A.	B.	A.	B.	A.	B.
Celery	2.0	0.7	0.5	0.0	0.0	0.0	0.0	0.0
Rhubarb	2.0	0.9	0.8	0.0	0.0	0.0	0.0	0.0
Spinach	4.0	0.0	1.4	0.0	0.0	0.0	0.0	0.0
Turnip, sliced ..	5.5	4.0	3.5	3.0	1.5	1.0	0.0	0.0
Carrot	8.5	2.5	4.5	0.5	2.0	0.0	0.0	0.0
Onion, Spanish ..	5.0	0.9	3.0	0.7	1.0	0.5	0.1	Tr.
Beetroot, sliced ..	12.0	0.8	3.0	0.4	1.5	0.0	0.4	0.0
Cauliflower, stalk ..	9.0	1.2	8.3	1.1	3.3	0.7	0.4	0.2
Cabbage	3.3	0.7	2.3	0.0	1.5	0.0	0.5	0.0
Sprouts	4.5	1.5	3.2	1.0	2.1	0.5	0.6	0.1
Parsnip, sliced ..	11.0	3.0	8.0	2.5	4.0	1.0	0.6	0.0
Seakale	4.0	1.2	3.0	0.3	2.0	0.1	0.6	0.0
Cauliflower, flower ..	4.0	1.2	3.0	1.0	2.0	0.6	0.8	0.3
Artichoke, sliced ..	18.4	1.1	10.0	0.8	5.0	0.4	1.0	0.0
Potato	15.0	0.9	10.0	0.7	5.0	0.5	1.0	0.2
Swede	6.5	3.5	4.5	2.0	2.5	1.5	1.0	0.5

* *The Lancet*, 1917, i., p. 613; 1919, i., p. 939.

It will be seen that the number of boilings required to secure a carbohydrate-free residue varies considerably, and is not directly related to the amount of carbohydrate originally present; moreover, that comparatively a small proportion of the vegetables investigated were entirely freed by three boilings. Celery, rhubarb, and spinach were free from carbohydrate after the second boiling, sliced turnip and sliced carrot still retained some starch, but were free after the third change; all the other vegetables retained more or less carbohydrate even after three boilings. It is noteworthy that cabbage, which contained only 3.3 per cent. of carbohydrate originally, and is generally regarded as a safe vegetable for diabetics, especially in the thrice-boiled condition, retained 0.5 per cent. after the third boiling, whereas a sample of carrot, containing 8.5 per cent. of carbohydrate in the first instance, was free from starch and sugar after three boilings. Again, beetroot, with 12 per cent. of carbohydrate when purchased, did not contain more after three boilings than cabbage similarly treated. Thus showing that some root vegetables can be made quite as harmless as the green vegetables usually prescribed.

From these experiments it is clear that three boilings are not sufficient to render all vegetables carbohydrate free, and that the amount of carbohydrate originally present is no guide in selecting those best suited for the preparation of a starch and sugar-free product such as may sometimes prove useful instead of actual fasting for children or severe cases of diabetes. It would seem that celery, rhubarb, spinach, sliced turnip and sliced carrot can probably be relied upon and are the best to use for the purpose. It should be noted that swedes cannot be employed in place of white turnips, for although they contain nearly the same percentage of total carbohydrate they part with it much more slowly and may contain one per cent. after three boilings, about half of which is reducing sugar. Even when thrice boiled vegetables are not quite free from carbohydrate the percentage is so much reduced that from four to thirty times as much of the thrice-

boiled as of the once-boiled material will contain the same amount of carbohydrate. The use of the former, therefore, permits of a much greater bulk of food being taken. As reducing sugar is removed much more rapidly than the "total carbohydrate," and some of the reduction given by the latter is probably due to pectins and indigestible bodies of a similar nature in some instances, the proportion which can be safely allowed is often larger than these figures would suggest.

Repeated boiling considerably impairs the flavour and appearance of vegetables, and although their lack of taste can be masked to some extent by serving them with condiments, clear broth, bovril, lemco, and in some instances by sweetening with saccharin, they are not very attractive to most patients. Experiments by Ruth A. Wardall suggest that a more tempting and equally carbohydrate-free product may be prepared from some by repeated extraction at a temperature considerably below the boiling point of water. The vegetables are finely shredded, covered with an excess of water at 60° C. (140° F.) and allowed to soak. At intervals of ten to fifteen minutes the water is drained off and fresh water at 60° C. added. When this process is repeated at regular intervals the time required to free certain vegetables from available carbohydrate was found to be as shown in Table II.

For comparison the number of extractions with boiling water required to produce the same results are given in Table III.

TABLE II.

Extraction at 60° C.

Beet ..	..	1 hr.
Parsnip ..	..	1 "
Carrot ..	..	1½ hrs.
Egg plant ..	..	2 "
Pineapple ..	..	3½ "
Cabbage ..	..	Little affected.

TABLE III.

Extraction at 100° C.

	A.	B.
Beet ..	2	Trace.
Parsnip	6	0 4
Carrot	6	0
Egg plant	7	0
Pineapple	9	—
Cabbage	8	Trace

A, Highest number of extracts showing carbohydrate.

B, Carbohydrate in residue per cent.

These experiments are only of a preliminary character, but the effectiveness of the extraction at 60° C.

in the case of beetroot and carrots, for instance, and the better appearance and flavour secured than when boiling water is employed, suggest that an agreeable extension of the often limited range of vegetables open to severe cases of diabetes may be obtained by this method of preparation. The extracted vegetables can be preserved for future use by desiccation in a current of air from an electric fan for $3\frac{1}{2}$ hours. Stored in a dry place they keep indefinitely, and may be prepared for use when required by soaking in water and reheating.

REVIEW.

DR. CARTIER ON RESPIRATORY DISEASES.*

SINCE the war put an end to the regular publication of French homœopathic journals, we have necessarily remained in ignorance of the work of our French contemporaries. It is, therefore, with great pleasure that we welcome this volume, published in the present translation in America, and available for any who cannot read the original with sufficient ease. Dr. Cartier is well-known here and needs no recommendation, being one of the most distinguished practitioners of Paris. The book embodies results of a great experience and a ripe judgment. It is concerned with all the diseases of the respiratory organs and tract, nose, pharynx, larynx, trachea, bronchi and lungs; and the aim of the work is concentrated on effective treatment. Many remedies and their indications are considered. A chapter on the Tuberculins is especially valuable. We can commend the book to all who want help in dealing with the common, but often troublesome, disorders of the respiratory system.

**Therapeutics of the Respiratory Organs.* By Dr. François Cartier, M.D. Translated from the French and edited by Carl A. Williams, M.D. Price, \$2.25, net; 390 pages. Boericke & Tafel, Philadelphia, 1919, and Homœopathic Publishing Company, London.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—Dr. Fergie Woods will greatly enhance the value of his interesting lecture—published in your January issue—if he will give the full references—names, dates, places, etc.—to the remark of Dr. Francis on Vaccines (page 11) and to the prison test in the U.S.A. (page 19). Duly documented both should be useful for propaganda purposes.

Dr. Woods' tribute to Hahnemann deserves the thanks of all admirers of that great man. My own experience, that also of many others I imagine, is that the more his works are studied the larger the number appears of his anticipations. To give one instance—which lies on my table as I write, published among his *Lesser Writings* is a paper—dated, I think, about 1831—on the *Mode of Propagation of the Asiatic Cholera*. Hahnemann therein writes :—

"On board ships, in whose confined spaces, filled with mouldy, watery vapours, the cholera-miasm finds a favourable element for its multiplication and grows into an enormously increased brood of those *excessively minute, invisible, living creatures*, so inimical to human life, of which the contagious matter of the cholera most probably consists—on board these ships, I say this concentrated aggravated miasm kills several of the crew."

And again :

"The cause of this (the propagation) is undoubtedly the invisible cloud that hovers closely around the sailors who have remained free from the disease, and which is composed of probably *millions of these miasmatic animated beings*, which at first developed on the broad, marshy banks of the tepid Ganges, always searching out in preference the human being to his destruction and attacking themselves closely to him."

And yet we have the modern pigmies claiming to have "discovered" germs, bacteria and what not,

and asserting their right to baronetcies and large pensions for having done so.

Dr. Salzer's pregnant comment on the passages I have quoted is:—

“Some of the most powerful remedies for cholera are precisely the drugs remarkable for their power of killing minute living organisms.”

I am, Sir, etc.,

W. H. KNIGHT.

University of London Club,

17th January, 1920.

“THE SMALLER HOSPITALS.”

[TO THE EDITOR OF “THE HOMŒOPATHIC WORLD.”]

DEAR SIR,—Dr. Roberson Day, in your January issue, is good enough to refer with approval to some remarks made or quoted by me at the British Homœopathic Congress, in a short paper I read there, on the subject of co-operation for the common good. Dr. Day's appeal for an increase of medical men to staff our smaller institutions—emphasising, quite naturally, the need at the Children's Homœopathic Dispensary—is well timed. It is more men we need.

Near the end of his communication Dr. Day pertinently asks several questions, amounting to “Why are we so short of doctors?” I can tell Dr. Day. The reason is that the majority of us have been so busy that we have forgotten to be, ourselves, personal missionaries. I can also tell Dr. Day, and all whom it may concern, the way to remedy the shortage. We must each of us take our courage in both hands, and introduce the good thing we are in possession of (Homœopathy) to a *medical* friend (young by preference), and tell him (or her) what he is missing by ignoring it. In addition to our courage we should take in our left hand “The Case for Homœopathy,” and in our right “The Principles and Practice of Homœopathy,” both by Wheeler. This is made easy by the recent offer of the British Homœopathic Association. This personal missionary work will succeed where nothing else, at this stage, has a chance.

It is open to any enthusiastic laymen (and women) also to follow the same plan and influence some doctor to study and test our claims.

Yours faithfully,

EDWIN A. NEATBY.

VARIETIES.

MIDWIFERY AND THE UNQUALIFIED MIDWIFE.—It is common knowledge that the proportion of births attended by midwives tends steadily to rise. In a large number of areas considerably over one-half of the total births are thus attended. In Preston, for example, the medical officer of health, Dr. H. O. Pilkington, in his annual report for 1918, shows 75 per cent. of the births as having been attended by midwives, and only 9 per cent. by medical practitioners, while in St. Helens in the same year Dr. H. J. Cates's annual report shows actually that 99 per cent. of the births were attended by midwives. While this tendency indicates, on the one hand, that patients are likely to be exposed to certain risks which might be avoided by skilled medical attention, it must, on the other, be conceded that there are possible recompenses to the patient. For it is quite arguable that the sickness and mortality from puerperal sepsis may actually be diminished thereby, since the Mother Camps are now rapidly being hustled out of practice by age, infirmity, and the vigilant hand of the supervising authority, and the newer type of midwife, while of a markedly better stamp and education, is at the same time sufficiently afraid of consequences to shrink from undue interference with Nature's deliberate methods of delivery. She will therefore tend to eliminate that fertile source of dangers and discomforts—instrumental delivery by practitioners too hurried or too tender-hearted to let natural processes take their course. In many areas the midwife has a serious rival in the completely unqualified handy-woman who assists at confinements for which a doctor has nominally been engaged, but at which he does not attend; so that in fact, though not in laws the woman practises as a midwife without the necessary qualifications. There is pressing need for a remedy of this iniquitous state of affairs. Yet the solution of the problem is confessedly baffling. These women are much in request among the poorest classes for their homely qualities, their stock of hoary wisdom—no less impressive when wrong than when right—their practical experience in their own persons in the production and the rearing of large but usually transitory families. Even when the patients favoured with their attentions come to grief, it is still almost impossible to find a case where the incidents are of

such a nature that misbehaviour can be taken into a law court. In two recent instances of ophthalmia neonatorum in one district, the same handy-woman and the same doctor were involved, yet nothing beyond a display of inquisitiveness by the supervising authority towards each was possible, for the claim that the patient had asked the doctor to attend the confinement and the handy-woman to help in the housework, and the further statement that the doctor was prevented from attending and that the woman had therefore helped in the emergency, formed an all-sufficient reply. At present, supervising authorities under the Midwives Act have two main policies—one negative and the other positive. The negative policy is to lie in wait for the flagrant case—how long sought and how infrequently found—in which the evidence is sufficiently blatant for the doubtful issues of trial in a court of law to be faced. This course is both tedious and perilous to the prestige of the supervising authority if the latter fails to win its case; and in any event it does not deal with the root of the matter—the shortage of trained help at fees which the poor can pay. The positive policy is for the supervising authority in its alternative character of county or county borough council, or for other local authorities, by joint or separate action, to provide or to assist in the provision of trained midwives. This policy is being increasingly adopted by the multiplication of district nursing associations, and by the provision of municipal midwives. There can be no doubt that while it tends primarily to put out of action the less well qualified of the existing “bona-fide” midwives, it does also react on the unqualified handy-women who are the present-day replica of the uncontrolled midwife of twenty years ago. At the same time legal machinery for dealing with the question more easily than is now possible would be a great boon. Practitioners must be brought to realise the unfairness of accepting midwifery cases unless they have a reasonable prospect of fulfilling their engagements. Any laxity in this matter must result in a strong temptation, to put it mildly, on the part of the cynic to look on the arrangement between patient, doctor, and handy-woman as a tacit understanding equivalent to the covering of unqualified practice.—*Lancet*.

THE PRESENCE OF SO-CALLED VITAMINES IN URINE.—Professor Gaglio recently communicated to the Academy of Medicine of Rome the results of some experiments made in conjunction with Dr. Roses, which tended to show that the administration of 3 to 4 c.cm. of human urine, slightly concentrated in a water bath, produced identical curative effects with the vitamine extracted by Funk from rice husks, in pigeons suffering from artificial beri-beri produced by feeding on polished rice. Even when the animal was reduced by such diet to a condition of extreme gravity, with contraction of the muscles of the neck and opisthotonos, it recovered completely under the influence of urine given two or three times daily. Continuing

the administration of rice and urine the animal remained well for some days, but then the nervous symptoms reappeared in a mild degree, and the animal lived longer than controls deprived of this treatment, the attenuated form of the disease lasting for many weeks. If, when the urine had suppressed the nervous symptoms, the diet was modified by the addition of other nutritive substances, such as yolk of egg, the animal completely recovered. In order to put an interpretation on these experiments, it might be argued that the vitamines, which are formed in the organism or which are derived from food, are eliminated by the kidneys. But it is precisely as regards the conception of vitamines themselves that these experiments seem particularly interesting. Vitamines, as we now know, are diffused throughout all kinds of food, more especially vegetables. Funk, who extracted them from rice husks and yeast, found that the more he purified them the less active they became. It would hence seem that there are several substances which have a similar action and perhaps act synergically in the sense that some, in themselves of slight activity, are capable of reinforcing the action of others. On the other hand, many artificial derivatives of pyridine and pyrimidine, and some xanthin derivatives, have been prepared, which have the same remedial action as vitamines in pigeons affected with polyneuritis. If these substances exist almost universally in food, if they can be artificially prepared, and if one can replace another, their specificity cannot be admitted, even while admitting that they represent alimentary principles indispensable to life. As to the nature of these principles, when we consider the plasma which filters through the capillary walls and irrigates the tissue cells, it must be recognised that all substances necessary to life are to be found in it. Now in this plasma, besides proteids, fats, carbo-hydrates, and mineral salts, there are many nitrogenous organic substances which either come from food or are produced by the metabolic changes of the organism. Such substances have been for a long time known in chemistry as *nitrogenous extractives*, and in food analysis are calculated specially as *non-proteid nitrogen*. These substances have been neglected as regards their function, being considered merely as dregs to be eliminated. But even though they may be dregs in reality, as long as they circulate in the blood they must play an important part as stimulants of nutrition and of the functions of organs. The so-called vitamines considered in this light lose the idea of specificity which has converted them into mysterious substances.

—*I ancet.*

INDICATIONS FOR MERCURIUS IN INFLUENZA.—Rheumatic pains in the head, face, ears, teeth, and extremities, with sore throat; pleuritic stitches, inflammation of the chest, with dry, violent, racking, unceasing cough, not allowing the patient to utter a single word; dry or fluent coryza; frequent bleeding at the nose; constipation or mucous or bilious diarrhœa; chill or heat with profuse sweat.—DR. JAHR.

ACTAEA RACEMOSA.—Trembling, numbness, jerking of muscles, with pains and soreness all over the body.

THE STING OF THE BEE AND THE WASP.—The grave symptoms which sometimes follow the sting of a wasp or bee render the observations of Mr. Edward R. Speyer, M.A., F.E.S., Investigator of Diseases of Trees at Oxford University, in a letter in the *Times*, of great interest. Little is known really of the nature of the poison of these insects, but it was for long accepted that the chief toxic agent was formic acid, and that, therefore, the prompt application of an alkali to neutralise the acid, such as ammonia or the blue bag, avoided serious consequences. However effective that method may be in the treatment of a bee-sting, it is not only unsound in the case of a wasp-sting, but is likely to aggravate the toxic effects of the subcutaneous injection, for Mr. Speyer now shows that the sting of the bee is decidedly acid, while that of a wasp is distinctly alkaline. If, therefore, the toxic factors are an acid in one case and an alkali in the other, the choice of a neutralising agent is clear, depending upon the particular insect which discharged the venom. But it is doubtful whether the issue is as simple as this, for toxins, apart from the question of alkali or acid, though these may respectively be effective vehicles of toxins, are not negated by simply acid or alkaline applications. The case of the toxin of the serpent fang may be quoted. Still, the evidence is interesting that by extracting the stings of wasps and immersing them for a short time in an acid no ill effects resulted when they were driven as deep as possible into the flesh. We have ourselves observed that water in which wasp-stings had been immersed becomes distinctly alkaline, and, further, that the prompt application of vinegar as the nearest acid in domestic service will prevent inflammation. Onion juice, which is acid, acts similarly, and no doubt other acid vegetable or fruit juices would answer equally well. That the bee-sting is acidic and the wasp-sting basic is an interesting differentiation which should be widely known, for not uncommonly the sting proves to be not a simple puncture but the beginning of a toxic process sometimes fatal. A wasp-sting on the moist mucosa, as in the mouth, invariably leads to serious inflammation, with most distressing results. If the simple gargling or washing of the attacked spot with an acid fluid in such a case keeps down the swelling lives may well be saved. The season of wasps is with us, and these observations are therefore opportune. Amongst gardeners there is the belief that the wasp draws its venom from young laurel leaves, which are rightly reputed to contain prussic acid. Wasps certainly are fond of the laurel leaf, but while it seems certain that prussic acid is not the business element of their sting, this acid may be the foundation of basic nitrogenous bodies of a toxic nature passed on by the sting. It will be remembered also that wasps, different from bees, are voracious flesh eaters, and meat materials easily give rise to basic substances.—*The Lancet*.

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BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homöopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Respiratory Therapeutics, Cartier.

The Homœopathic World.

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MARCH 1, 1920.

ENCOURAGEMENT.

A RECENT issue of *The Lancet* concluded an editorial comment on the greatly lamented death of Mr. Cecil Lyster with the following sentence :—" The mystery surrounding the fact that X-rays and other emanations can set up an ugly pathological process, while at the same time they are employed, presumably on scientific grounds, to stop the progress of such a process is in urgent need of study." *In urgent need of study*: Homœopathists will note that phrase with more than common interest. The paradox that living cells find stimuli to their activities in relatively small doses of the identical agents which in relatively large doses damage or destroy them, is, of course, well known. There is no agent which can damage protoplasm which cannot become a stimulus to the activity of protoplasm by diminution of the dose of it and this terrible power of X-rays, so tragically exhibited in Mr. Lyster's case, is only a striking example of a phenomenon well enough attested. At the last International Homœopathic Congress, Dr. Preston Sutherland, dealing with this very agent, showed in detail that precisely the effects which are produced by excessive doses of X-rays are the phenomena most readily ameliorated by X-rays when arising as the results of disease. The closer the similarity between X-ray effects (in massive dosage) and disease phenomena, the more satisfactory the results of the application of mild doses of X-rays. However paradoxical appears this

reaction of living cells, it is a universal reaction to every kind of stimulating agent. For its explanation we need a knowledge of the nature of life which we do not possess, but the truth of the general statement that when relatively *large* doses of an agent destroy or impede life activity, relatively *small* doses will stimulate it is easily tested, has been repeatedly tested, and is unquestionable.

But this generalisation was made long before X-rays were used and in their use supplied such terrible examples of the truth of these protoplasmic reactions. Not only X-rays but electrical, thermal and above all chemical stimuli will show a precisely comparable result of the opposed effects of the large and the small doses. We do not think these facts are doubted by any medical man, but what is so extraordinary to the detached onlooker is that so little effort has been made to take advantage of these life reactions. Well over a hundred years ago a certain Samuel Hahnemann discovered by endless and laborious experiments that drugs which produced certain symptom complexes when given to the healthy in quantity, would ameliorate similar symptoms when arising in the sick if given in small doses. He therefore recommended that drugs should be selected by the similarity of symptoms producible by the drug and shown by the disease, and called the practice so regulated Homœopathy. In other words he discovered that living cells reacted to drugs as we now know they react to other stimuli: a relatively large dose damages certain cells—and as a result definite symptoms make their appearance. But if disease damages these same cells similar symptoms appear and then a small dose of the corresponding drug will stimulate the life activity which in large dosage it impeded, and the result will be that the very cells and tissues which are most in need of help receive such help as a gentle stimulus can afford.

When the reactions of life to stimuli are thus reviewed, it is surely clear that Hahnemann's principle was a discovery of them as definite in its way as are these X-ray phenomena, whose lethal result we so deplore. Now that X-rays show these phenomena in so terrible a form we are adjured to study them and their reactions, but the cynic might smile to think of the kind of encouragement which Hahnemann received when he began to study the reactions of life to drug stimuli, and may wonder what would happen to any orthodox observer rash enough to draw the inevitable parallel between the destructive and the curative applications of X-rays, and the damaging and the curative effects of drugs. But the homœopathist is already beyond the pale of medical fellowship. For nothing but a belief (founded on experiment and observation) that he can take advantage of a property of protoplasm which is now universally admitted, and so gain some precision in drug prescribing, for nothing but this, he has to endure treatment ranging from active ostracism to mildly contemptuous ignoring of his existence. But now if the orthodox are to be urged to study these phenomena of life reactions which have brought the homœopathist into his present position, he may be allowed perhaps to take encouragement to pursue his own experiments, while gently warning the prospective orthodox enquirers that their investigations into the question of X-rays as destroyers and as stimuli may perchance lead them to conclusions of which they hardly dream.

NEWS AND NOTES.

USES OF MOLASSES.

A LETTER from Australia has been shown to us, in which crude molasses or black treacle is praised by several observers for chronic ulcers and even in two or three well authenticated cases of malignant disease. It is used both locally and internally. It is also praised for asthma. It is so common an experience to have this that and the other recommended (with good apparent reason) for cancer, that we confess to a certain scepticism, but at least the remedy is simple and could do no harm in inoperable cases.

MOSCHUS.

A CORRESPONDENT sends an account of two cases (husband and wife) of severe gastric disturbance, suggesting acute dyspepsia rather than any inflammatory lesion, with violent neuralgic pains, rapidly cured with Moschus 6. In the man's case there was marked aggravation from tobacco. Moschus should be remembered for many sudden and spasmodic disorders, as at least a palliative of the attacks.

HOSPITALS IN ANCIENT INDIA.

It was Lord Curzon who exclaimed in one of his public speeches after his return to England from his Indian Viceroyalty, that "the mighty systems of paganism in India, whether Hindu, Buddhist, or Mahomedan, are alike destitute of all those fruits of Christianity which we often term charitable, philanthropic, benevolent." He proceeded to ask "Where are the hospitals, dispensaries, or orphanages, asylums for the leper, the deaf and the dumb?" and answered: "They have

no place in the heathen economy." This sweeping statement drew a crushing rejoinder from Dr. Ananda K. Coomaraswamy, who in a series of articles entitled "Swadeshi India," pointed out, with the aid of overwhelming contemporary evidence, that at least throughout the Buddhist period from the fourth century B.C. to the eighth century A.D., India was dotted with hospitals. The great seats of learning like Taxila, Nalanda, Benares, and others specialised in the science of medicine and drew thousands of students in quest of medical knowledge. As pointed out in the Imperial Gazetteer (Vol. IV., p. 457) "the best era of Indian medicine was contemporary with the ascendancy of Buddhism (250 B.C.—750 A.D.), and the public hospitals which the Buddhist princes established in every city were great schools of Indian medicine." Direct reference to these hospitals is made in one of Asoka's Rock Edicts, which after declaring that "hospitals for men and hospitals for beasts" were founded by the Emperor "everywhere in his dominions," proceeds to state that "healing herbs also, medicinal for men and medicinal for beasts, wherever they are lacking have been imported and planted." This was in the third century B.C. The "Arthashastra" of Chanakya also makes it clear that the erection of hospitals in every fortified city in the Magadha Empire was a duty imposed upon the subordinate authorities and that such hospitals could only be located in particular places.—*Calcutta Journal of Medicine*.

MEDIÆVAL SOUTH INDIAN HOSPITAL.

NOT only ancient India, but mediæval India too, was no stranger to the hospital system. In a recent issue of *Everyman's Review*, Prof. S. Krishnaswamy Aiyangar refers to an inscription of Viro Rajendra Chola, one of the great Chola rulers of the eleventh century A.D., in which interesting particulars are given of the provision made for a hospital, a school, and a hostel from the funds assigned to a temple in

the first instance. Prof. Krishnaswamy writes :—

“Among the structures added to the temple by this ‘Vaisya’ Madhava’ was the ‘Jugannath Mandapa’ in which was located the school for the study of the Vedas, the Sastras, Grammar, Rupavatara, etc., and a hostel for students and a hospital. The students were provided with food, with oil for bathing on Saturdays, and with oil for lamps. The hospital was named ‘Vira Solan,’ apparently in the name of the king, and was provided with fifteen beds for sick people. Among the staff of the hospital, provision is made for one Doctor ‘in whose family the privilege of administering medicines was hereditary,’ One surgeon, two servants to fetch drugs, supply fuel and attend to other menial duties, two maid servants for nursing the patients, and a general servant, who attended the hospital, school and hostel. Provision was also made for the supply of a regular quantity of rice and supply of medicine laid in stock for a year, of which as many as eighteen items are given, composed of drugs, and prepared medicine under the ordinary Indian pharmacopœia. A regular supply of cow’s ghee was assured, and provision was made for burning one lamp throughout the night. The inmates of this hospital were to be supplied with water brought from ‘perambalur’ ‘scented with cardamoms and “Khas-khas” roots.’ It must be clear from the above that ‘paganism’ in India, before the event of Christianity, was fully alive to the work of charity, philanthropy and benevolence. Nor was India under the Moslems devoid of these facilities.—*Calcutta Journal of Medicine*.

B.H.S. GOLF.

THE golf tournament for the possession of the “Dudgeon Cup” open to all members of the British Homœopathic Society, will be held again during this summer. Those wishing to play should send in their names at once to the undersigned. Entries close on March 31st. The draw will take place on April 8th.

H. WYNNE THOMAS.

MR. R. HENRYSON CAIRD'S OFFER TO THE B.H.A.

It is with much gratification that the Committee of the British Homœopathic Association report that by the generosity of those subscribers, whose names are given below, they have been enabled to take advantage of Mr. Caird's kind conditional offer to increase his subscription of a guinea to the B.H.A. to five guineas, if nine others would do the same, and the Committee tender their best thanks both to Mr. Caird and to those who have responded, for the welcome additional support which they have been the means of bringing to the Association. The list of the ten subscribers of increased amounts as stated is as follows:—

R. Henryson Caird, Esq., J.P., Lady Durning Lawrence, Mrs. A. Balfour Williamson, E. Clifton Brown, Esq., J.P., E. Shorrocks Eccles, Esq., J.P., W. Lee Mathews, Esq., Dr. John Weir, Dr. C. E. Wheeler, W. Melville Wills, Esq., D. d'A. Wright, Esq., F.R.C.S.

ANCIENT WISDOM.

EMINENT physicians say to a patient who comes to them with bad eyes: "We cannot cure the eyes by themselves; if the eyes are to be cured, the head must be treated." Then again, they say that to think of curing the head alone, and not the rest of the body also is the height of folly.

Arguing in this way they apply their methods to the whole body and try to treat and heal the whole and the part together.

This is quoted by Dr. Ireby King when writing on Infant Care and Feeding. It will interest our readers to know that it was said by Plato some 2,300 years ago.

ORIGINAL COMMUNICATIONS.

FURTHER VERIFICATIONS OF SYMPTOMS OF THE PROVING OF RADIUM BROMID.*

By WILLIAM H. DIEFFENBACH, M.D., New York City.

[From the "North American Journal of Homœopathy,"
with full acknowledgments.]

THE many and oft-repeated therapeutic claims for radium water, radium emanation and radium compounds in "minute doses" in "arthritis, gout, arteriosclerosis, high blood pressure," etc., impels the writer to again call attention to the scientific priority of our school of medicine in the use of this remedy.

The so-called "regular" school journals, as well as our own, advertise radium for the above lesions based on empirical or so-called physiological results.

It will be my aim to show that this remedy, which was proven in 1910, responds to the dictum of *similia similibus curentur* and that if the so-called regular school will study the proving they will be able to apply it in other conditions besides stated diseases. The surface of the action of this deep acting remedy has scarcely been scratched and better cultivation and study will establish its large sphere of curative action.

Recent tests on plant life have demonstrated the fact that radio-active earths stimulate vegetation and a great field is being opened up for the use of minute amounts of radio-active earths or fluids to increase the output of the soil in foodstuffs. These tests have also demonstrated that large excessive applications of radium or radio-active rays are destructive to cellular life, thus again proving clearly the dual action of physical and drug agents.

In a paper presented to the New York State Homœopathic Society in 1912, the following verified symptoms were reported by the writer :

1. Periodic sharp pains in joints, better by continued motion, better in the open air. (These symptoms indicate its use in arthritis and the old school has

*Bureau of Materia Medica, A.I.H., 1918. *Journal A.I.H.*
September, 1919.

empirically recommended it in many forms of arthritis without reference to its special modalities.)

2. Severe aching pains all over the body with restlessness ; better by moving about. Pains gradually subside after continued exercise.

3. Burning sensation of the skin ; itching all over the body. (These symptoms have been verified frequently since the proving.)

4. Dryness of the mouth and mucous membranes. (After etherisation this symptom is often met with. Radium in potency has relieved this symptom in a number of operative cases.)

5. Severe cases of vertigo were relieved by radium bromid ; this compound produced vertigo in several provers when given in low potency.

6. Colicky pain in abdomen, with passing of foul flatus.

7. Catarrhal or interstitial nephritis with joint or muscular rheumatism has been benefited. (All the provers developed marked symptoms of renal irritation during the proving.)

8. Dry, tickling cough, worse at night, while lying in bed. Of the many remedies having this symptom radium should be considered. It has palliated cases of night cough in phthisis.

9. Irregular or delayed menstruation. In several cases of dysmenorrhea radium bromid has given evidence of improvement.

10. Dull backache, lower lumbar region, better after exercise. Lumbosacral pains were produced in nearly all provers and the writer has had verifications in a number of instances. One patient, a bookbinder, who had suffered for over twenty years with lumbosacral pains, has apparently been cured by this remedy.

11. Sharp pains in small joints, dull pain and soreness in muscles. It is in rheumatism and in gouty joints, rheumatoid arthritis especially, that verifications of symptoms have accumulated.

Scientific medicine precludes labelling any remedy as a specific but radium in potency apparently covers many symptoms of rheumatic arthritis, so that its modalities should be studied in each instance.

Obstinate cases of arthritis are reported cured, and bed-ridden polyarthritics have shown evidences of improvement and cure.

Inasmuch as eight provers developed 135 symptoms referable to painful joints or muscles, the sphere of radium in potency in rheumatic and gouty conditions seems clearly predicated.

The symptoms are sharp or dull aching pains which do not improve with moving or exercise at the beginning but gradually wear off by continued exercise. The pains are worse at night, and are deep-acting, affecting the muscles, joints and the periosteum of bone. The patient is better in the open air, craves oxygen and walks about if he can, for exercise gradually wears the pain.

Several correspondents claim that when they started to use radium it invariably aggravated their patient's symptoms. Dr. I. J. Lane, of Ossining, N.Y., reports that upon noting this aggravation in several cases of arthritis from the 12x potency, he ran up the potency to the 14x, gave but two doses and waited four weeks before repeating the dose. The potency and method of repetition, he claims, has cured for him several inveterate cases of supposedly incurable rheumatism.

In my own practice, a gentleman from Trinidad, W.I., suffering for many years with rheumatoid arthritis which affected both knees, was given a bottle of radium bromid tablets 30x, with the injunction to take three tablets in a glass of water daily until improvement set in. When he reached Trinidad he showed the remedy to his British physician who had the tablets tested and pronounced them sugar of milk, and sneered at the idea of there being any therapeutic value in such medicine. The patient had sufficient confidence in me, however, to keep on taking the remedy and within sixty days reported that all his joint pains had vanished. Several years have elapsed since this incident and the patient has had no recurrence. To an unbiased mind this demonstration ought to have made a convert of this Trinidad physician to the cause of Homœopathy.

12. Pruritus, itching of the skin, burning of the skin,

small sebaceous engorgements. (Chronic cases of acne and folliculitis have been improved with this remedy.)

13. Psoriasis has been reported to me as cured by Dr. C. W. Perkins, although personally the effect of this remedy on this disease has not been verified.

14. My own case of X-ray dermatitis of several years standing has been cured since the proving, the 6x having been used by myself. In view of the fact that chronic X-ray dermatitis is one of the most intractable of lesions, this remedy should be considered in all such cases.

15. Palliation in cases of rhus poisoning has been secured by radium. It relieves the itching and burning, and with local applications of strong sal-ammoniac solutions will cure many cases.

16. The late Dr. Daniel Simmons, of Brooklyn, reported several interesting experiences with radium. He cited a case of enuresis of forty years' duration for which radium was prescribed, owing to a concomitant arthritis of the knee. The arthritis was relieved and with it the long standing enuresis was apparently cured. Inasmuch as the proving, while developing distinct irritation of the urinary tract did not develop symptoms of enuresis, this cure can be noted as a clinical verification. Dr. Simmons also cited the apparent curative results in a case of lupus following the internal administration of radium and the local application of radium paste.

17. The late Dr. J. D. Zwetsch, of Gowanda, N.Y., was particularly enthusiastic about a patient he claimed to have cured with radium bromid, who suffered for years with polyarthritis, which had been pronounced hopeless and which had confined him to bed for two years. The patient was reported as actively working his farm and completely relieved of his arthritis. The writer confirmed this report by telephoning this patient and securing emphatic endorsement of the above history.

18. Dr. R. A. Adams, of Rochester, N.Y., reported an interesting lesion of rheumatism of the shoulders with stiffness which was better after exercise. He states that radium bromid in potency invariably

relieved or palliated the painful condition of the shoulders, but a resulting watery diarrhœa would compel the patient to stop the radium. Whenever the radium was repeated for recurrent shoulder pains, the pain would be relieved but the diarrhœa would supervene.

19. Dr. R. F. Rabe, Professor of Materia Medica, New York Homœopathic College, has verified the curative sphere of radium bromid as it pertains to rheumatism of the chronic articular variety. We quote: "These symptoms are as follows: pain, and stiffness in the joints, with restlessness compelling the patient to move. Aggravation of the pain on first motion; amelioration on slow, continued motion and from heat, locally applied. General amelioration in the open air. The analogues, of course, are pulsatilla and rhus tox. Radium bromid is a sort of composite picture of the two, is deeper acting, is the 'chronic' of both and frequently follows both in chronic cases."

Mr. S. G., subacute arthritis of the right knee of one month's duration. Examined and diagnosis established by Major R. A. Stewart. Cracking sensation in knee on bending joint. Pain aggravated on commencing motion, improved by continual motion. No pain while at rest. Pain aggravated before a change of weather. General amelioration in the open air. Health otherwise normal.

January 16th, 1917, radium bromid rom. Skinner, one dose, was followed by marked improvement within a few days. January 30th, 1917, slight pain only, noticed before a change in weather. Radium bromid rom. Skinner, one dose. This ended the trouble.

20. Dr. J. H. Bryan, Asbury Park, N.J., reports the following verification of radium bromid: "G.W.W., aet. 41, blond, tall, medium build, assistant editor. For six years has had dull pains in extremities; ankle, heel, hand or wrist; also above or below the knees. Sometimes the pains were in two places at once, but usually only at one place at a time. Sometimes sharp pains were noted in one side or the other of the abdomen. At times the dull pains lasted all day and were relieved only by the administration of 10 grains

of aspirin. The sharp abdominal pains have been noted for five months. The sharp pains were relieved by hot, moist towels, by exercise and sweating, but not by walking. The pains were aggravated on motion and toward evening, from 4-5 p.m. Heart action and sounds, normal; liver and spleen, normal; kidneys, normal. Infrequent nose-bleed; a year ago had external hæmorrhoids. Gave radium 30x b.i.d. A week later he reported improvement. Ten days later marked improvement and now after six months has had no pains at all. Before beginning this treatment he said he was taking 10 grains aspirin daily and some days two to three doses. I did not know whether you can use this case history, but he seems so greatly improved and with no other treatment whatever that to me it was conclusive as to the value of radium in his condition."

21. Dr. Guy B. Stearns, New York City, Professor of Materia Medica, read an interesting paper on "Radium Bromid" before the American Institute in 1915. It was Dr. Stearns' keen questioning and analysis which assisted the writer in clearly bringing out the modalities of the prover's symptoms, and his analysis of this remedy especially as regards the complex called rheumatism is worthy of especial emphasis and quotation. Dr. Stearns' writes:—"It causes pain in all provers, and these pains were located both in the muscles and the joints. To understand the remedy we must study the character of the pains, their predominant localities and their modalities. All parts of the body are affected, but the great toe joints and the sacro-lumbar regions are the most important seats of pain. The pains are of two predominant types—sharp pains (in some cases described as 'lightning-like'). These are apt to change places and in some cases go from side to side."

The other type of pain is a severe, dull aching, ranging from a pain situated deeply in the joints, to an aching all over the body, which torments the patient to a restless moving about all night, leaving him exhausted the next day. This type comes gradually and slowly wears away. Often the pains are hard

to describe. Throughout the proving appears relief from continued motion though often motion aggravates at first. Pressure relieves and heat is disagreeable. Radium causes a marked desire for, and relief in the open air. It should be noted that there is a great weakness from the lumbar down, a sort of paretic languor and a desire to stretch the muscles, which stretching gives relief. Sometimes nothing relieves the pain; they simply gradually wear away.

Although local heat is disagreeable, there is a marked relief of pains and other symptoms from a hot bath. Vasometer disturbances occur so that some experience a sensation of internal chilliness, relieved by warmth, and others have a sensation of heat all over, so that they have to throw off the clothing. Another expression of this same type is a feeling as if the whole body was afire, with the sharpest kind of needle pricks. ~~In the proving~~ there is no record of an actual increase of temperature. Many of the symptoms appear late in the afternoon and continue until after supper. Most symptoms are better after eating.

Acute conditions, accompanied by much pain, such as la grippe, rheumatism, neuralgia and neuritis, fall within its scope. It is related symptomatically to rhus tox. and rhus radicans and often cures where these help, but do not hold. Intractability seems to be one of its keynotes in rheumatic conditions

Digestive symptoms and modalities relate it to lycopodium and pulsatilla. Its catarrhal symptoms are like kali bichromicum and kali carbonicum. It resembles causticum even more closely, and complements it.

GENERAL DRUG DISORDERS OCCURRING IN THE MORNING.

By the late DR. LEOPOLD SALZER, M.D.

EARLY in the morning most symptoms appear :
Alumina.

Early in the morning symptoms aggravate : Physost.
(Physost. symptoms seem to aggravate early in the morning, towards noon, and in the evening.)

The symptoms remaining longest with the prover appear in the morning hours : Calc phos.

Most of the symptoms observed by the prover appeared in the morning : Rhodod.

In the morning till ten or eleven o'clock all symptoms worse : Conium.

Immediately after waking, pains renewed : Ignat.(?)

From 2 to 4 a.m. all the symptoms, except the feeling of weakness in the epigastric region, aggravated : Podophy. (accounts for the morning diarrhœa).

Symptoms aggravate in the morning : Tarent.

The symptoms most frequently occur early in the morning on waking : Verat vir.

Some symptoms appear every morning : Erigeron.

Morning and evening all the symptoms worse : Kali cyan, Curare, Guaiac, Ranunculus bulb.

Symptoms occur especially in the morning and in the evening, and are frequently caused by damp weather : Nitri dulc spir.

Most symptoms appear to be aggravated morning and evening : Sanguin can.

In the morning before breakfast (and at six in the evening) almost all symptoms worse : Lactic acid.

From morning till evening the symptoms aggravate : Robinia.

The patient feels worse in the morning of one day and in the afternoon of the next : Eupat perf. (A case of remittent fever cured lately guided by this symptom only. The fever came one morning after 7 a.m., next day after 12 noon. It became first intermittent and then stopped.)

TREMBLING IN THE MORNING.

Trembling of hands in the morning : Alcohol.

In the morning trembling over the whole body : Ars alb., Baryta carb.

Tremors generally worse in the morning : Merc.

Tremulous sensation over the whole body in the morning : Nux vom.

PAINS ; MUSCULAR STIFFNESS.

In the morning the muscular stiffness is increased and extends to the arm and forearm, which are painful when moved : *Ars alb.*

Morning and evening painful cramps, doubly painful in the cold air : *Bufo.*

Every morning on awaking, sharp pains all over the body and aching pains across the shoulders and back of the neck : *Ars alb.*

Especially in the morning when rising, before she begins to move about, intense bone pain here and there : *Silic.* (generally the pains of *Silic* are aggravated by motion).

Early in the morning rheumatic symptoms worse : *Dioscor.*

After sleep always so stiff, and feeling of being bruised so that sometimes he could scarcely move : *Lach.*

In the morning in bed, pain in all the joints, as from a heavy weight pressing upon them, disappearing on rising : *China.*

After sound sleep, arms feel sore in the morning : *Nux vom.*

Especially in the morning every spot in the body is painful when taken hold of, as if bruised, or as if suppurating, especially in the pit of the stomach : *Bry.*

Shooting pains all over the body and in the limbs, especially between the shoulders, at the interior angles of the scapulæ ; worse in the morning and before getting up : *Nat hypochl.* (*liquor sodæ chlorata*).

VARIOUS MORNING COMPLAINTS.

In the morning on waking a beating of the arteries of the head and of all parts of the body : *Bellad.*

In the morning puffiness of the whole body, better in the afternoon : *Nat carb.*

WEAKNESS, LASSITUDE, ETC.

Early in the morning weariness : *Agaric.*, *Bry.*, *Caps.*, *Antim sulph.*, *Colch.*, *Lycopod.*, *Con.*, *Petrol.*

Sepia, Phos., Phos ac., Plumb., Staph., Stront., Aurum, Carbo an (?), Silic., Tilia, Bufo., Sulph.

After breakfast fainting fits : Bufo.

In the morning great weakness and stretching of limbs : Carbo veg.

Faint and unrefreshed when rising in the morning ; feels stronger during the day : Carbo veg.

In the morning when in bed, excessive weariness : Petrol.

Every morning feeling of weakness as if he be attacked by a fit of vertigo : Kali carb.

In the morning on rising, weakness of the whole body especially in the arms and feet : Lach.

Every morning weakness, in the beginning rather physical prostration, sleepiness ; afterwards rather mental prostration : Lach. (Another prover reports himself physically prostrated and mentally indolent in the morning.)

General loss of power in the body, as if he had not slept enough, with an otherwise active mind, in the morning : Ver alb.

Feeling of heaviness in the body and weariness in the lower limbs in the morning : Zinc.

Weariness, without sleepiness, in the morning, all the limbs are sore as if bruised, and as if there were no strength in them : Staphis.

At 9 a.m. and 10 p.m. feeling of weakness, especially in the groins : Physos.

In the morning she was constantly weary and seemed to have had no sleep, with aching in all the bones, especially bruised feeling in the legs : Prunus spin.

Especially in the morning, great physical and mental exhaustion : Lach.

In the morning in sleep, a decided sensation of weakness ; on waking, general sick feeling, vertigo, feeling of lead in the occiput, can scarcely raise the head from the pillow ; all the joints seem sprained ; pressure in the small of the back, and fullness of the abdomen : after half an hour, everything disappears ; afterwards, repeated in less degree : Lach.

Morning after rising and often also in the evening, very weak, with throbbing of the heart : Lach.

In the morning after a good sleep, he is more weary than in the evening on lying down : Magnes carb.

Especially morning and evening, and after moving about, great exhaustion and weariness : Merc.

In the morning weariness, especially of the lower extremities : Mur ac.

In the morning before rising from bed, feeling of great weakness, disappearing after rising : Natr mur.

In the morning after rising, greater weariness than in the evening on going to bed : Nux vom.

On rising in the morning does not feel quite well, he dreads to rise as if exhausted by a long walk ; it disappears after rising : Nux vom.

On waking, languor, increasing after rising : Rhus tox., Bry.

In the morning after rising, feeling of discomfort over whole body, disappearing on moving about : Puls.

Every morning after rising from bed, attacks of general weakness : Petiveria.

In the morning after rising, till 10 o'clock, very much exhausted : Nitr ac.(?)

Early in the morning very tired, pain as from bruises in the head and all the limbs : Aur. (This feeling of lassitude and pain disappeared in some provers after rising ; in others it caused a desire to lie down again.)

Early in the morning very weak : Aur.

On awaking in the morning feeling of fatigue, after heavy sleep in the night, followed by drowsiness in the forenoon : Podoph.

Great exhaustion in the morning on waking from a deep sleep, so that the confused and sleepy condition continues after rising from bed : Calc carb.

Awakes several mornings in a state of restlessness and anxiety : Lycop.

MORNING AMELIORATION.

Towards morning, improvement : Ailanthus.

Better after rising, till noon ; and from 4 to 6 p.m. : Merc iod flav.

She feels a great deal better in the morning : Psor.

She feels better in the morning : Zinc.

GENERAL DRUG-DISORDERS OCCURRING IN THE FORENOON.

Aggravation between 10 or 11 a.m. and 2 p.m. ;
Picr ac.

During the forenoon, continual restlessness ; desire
to move about, not knowing where to go or what to
do : Cimicif.

Every day about 10 a.m., head commences to ache,
with severe aching pain in the back, but more especially
in the legs : this would gradually increase until 3 p.m.,
when the pains in the legs were so severe that I had
to lie down to get relief ; with this there was great
despondency and weakness ; from 3 to 5 p.m. it would
gradually pass away and all the evening I would feel
perfectly well : Polyp pinic.

Nervous symptoms commencing after 9 o'clock each
day ; not very strongly marked the first day, but
getting worse and worse each day : Lil.

The primary action, particularly the pain in the
joint, the weakness and drowsiness, seemed to be
especially violent in the last hours of the forenoon :
Sabad.

Pale, dizzy, as if fainting, two forenoons in succession :
Staphis.

Worse in the forenoon : Stram.

The spasms generally occurred in the forenoon :
Sec corn.

Symptoms in general aggravate in the forenoon :
Kali bich.

In the forenoon general weakness, even to sinking
down : Carb an.

FORENOON AMELIORATION.

Better after rising, till noon, and from 4 to 6 p.m. :
Merc iod flav.

From 11 a.m. to 12 noon pains cease : Rumex.

Some symptoms disappear from 9 a.m. to 12 noon :
Guaiac.

GENERAL DRUG-DISORDERS OCCURRING AT NOON.

Towards noon, general prostration : Carb veg.
(This symptom has often been verified by me in practice

and has served me to differentiate between Carb veg. and Carb an., the latter having aggravations in the forenoon while the former has aggravation at noon and afternoon, as may be seen from this and the following section.)

Symptoms worse from noon to 4 p.m., and again from 6 p.m. till rising in the morning : Merc iod flav.

Symptoms worse at noon : Pæon., Physost.

Symptoms still return, especially marked about 12 to 1 p.m. and 4 to 6 p.m. : Sep.

At noon, after eating, the symptoms generally returned : Chelid maj.

Most of the symptoms appear after dinner (which in Germany is eaten about noon) and in the evening : Zinc.

At noon and in the evening the pain always begins when eating, and lasts as long as he continues to eat : Phosph.

At noon the symptoms reappear : Arg met.

In the middle of the day, nervous excitement : Bry.

At noon a peculiar uneasiness and excitement of the nervous system : Sulph.

GENERAL AFTERNOON DISORDERS.

In the afternoon general aggravation, especially the symptoms of the mucous membrane : Aloes.

During the afternoon severe aches and pains in various parts of the body with severe stitches in the sides, especially the posterior portion of the right side, aggravated by the slightest motion : Badiaga.

Every afternoon the whole body trembled from uneasiness and anxiety ; it seems to him as though he had committed a great crime ; this terminated by violent weeping, even in the street, in the presence of strangers : Carb veg.

Muscular lameness and soreness had become quite general, affecting chiefly, however, the lower limbs in the afternoon : Myrica.

For many afternoons she is seized with weakness and anxiety ; she knows not how to comfort herself, what to do with herself ; this state leaves her in the evening : Ammon carb.

Most of the symptoms appear after dinner (which in Germany, where Hahnemann's provings were made, is generally eaten at noon or a little afterwards) and in the evening : Zinc.

Symptoms appear to be most prominent after dinner, from 2.30 to 3 : Gratiola.

The symptoms appear particularly in the afternoon and evening : Tarent.

Afternoon and evening, many symptoms reappear : Rhodod.

The pains are worse after 3 o'clock both in the afternoon and night : Thuja.

Exacerbation of all the symptoms about midnight and 3 p.m. : Saracenia.

During the afternoon all symptoms aggravated by mental work : Fagopyr.

In the afternoon many symptoms occur : Lach.

In the afternoon general aggravation : Erydiction calif., Spig., Senec.

In the afternoon the pains are generally felt : Acon lycoctonum. (This is not the case with the Acon. generally used in the homœopathic school.)

In the afternoon, about 3 o'clock, the symptoms generally seem intensified : Indium.

From 3 to 6 p.m. daily aggravation of symptoms : Fagopyr.

At 4 p.m. generally very weak and weary : Manganum.

Her symptoms are aggravated at 4 p.m.; at 8 o'clock she feels better but weak : Lycopod.

From 4 to 6 p.m. aggravation of symptoms : Saponinum.

From about 5 p.m. to 8 a.m. all symptoms aggravate : Lil tig.

In the afternoon great excitement : Bry.

In the afternoon great weariness : Bry.

In the afternoon, lassitude : Colocyn.

In the afternoon debility. (In one prover, accompanied by increase of warmth in the whole body and heat in the palms of the hands) : Arg nitr.

Every afternoon great faintness and constant yawning : Aur.

Every afternoon, about 5 or 6, is attended with great weakness : Merc sol.

Weakness and sleepiness every afternoon, from 2 to 3 : Sulph.

Weak and prostrated in the afternoon : Sulph.

AFTERNOON AMELIORATION.

Afternoon and evening, often quite well (of catarrhal symptoms) : Cepa.

Better from 4 to 6 p.m. and after rising till noon : Merc iod flav.

Most of the symptoms cease in the afternoon after eating ; also at night after supper : Phosph.

Pulsatilla symptoms rarely arise about 4 p.m.

AFFILIATION OF NURSES WITH THE LONDON HOMŒOPATHIC HOSPITAL.

By MAJOR ATTWOOD.

It was a very happy idea of Mr. Caird, the Chairman of the London Homœopathic Hospital, to convene a meeting at the Hospital during the afternoon of January 28th, of the Chairman and representatives of the Managing Bodies of the Provincial Homœopathic Hospitals, thus taking advantage of the presence of delegates for the B.H.A. meeting. The meeting was convened to discuss the question of the affiliation of the smaller Homœopathic Hospitals with the London Homœopathic Hospital, for the purpose of assisting them in the training of the nurses and the issue of certificates with special reference to the Nurses Registration Act, 1919.

A very representative meeting was held, quite a number of provincial hospital members were enabled to be present, being in town for the British Homœopathic Association Meeting, held the same evening.

Among those present to meet Mr. Caird and the Nursing Committee (consisting of Dr. Neatby, Dr.

Eadie, and Mr. E. Handfield Morton) were Dr. Christopher Bodman and Mr. Henry Dixon of Bristol, Dr. Howard Patrick (Glasgow), Mr. Henry Edmonds (Tunbridge Wells), Dr. P. Wilmot and Mr. William Lewis (Plymouth), Mr. Arthur D. Snow and Dr. Frank Shaw (St. Leonards), Mr. J. Carlton Stitt (Liverpool), etc., etc.

Mr. Caird was voted to the chair, and explained that his reason for calling the meeting was to see if the London Hospital could be helpful in any way to the provincial hospitals in the matter of additional training facilities for the nurses, to enable them to procure Certificates under the new Act, and he could assure all those present that he was most desirous to be of any assistance he could in the matter; also that as the Council under the new Act had not yet been brought into being, nothing very much could be done for the moment, except discuss plans for the future. Several representatives then made suggestions and it was eventually decided to send the following suggested Scheme to the College of Nursing for their consideration with a view to seeing if the conditions meet the views of the College as to affiliation.

Suggested Affiliation Scheme for Nurses' Training.

(1) That for admission a nurse must have trained for at least one year in the affiliated hospital, and must pass the Junior Examination in Anatomy and Physiology at the London Homœopathic Hospital.

(2) To serve at least one year in the London Homœopathic Hospital and take the Senior Examination in Surgical and Medical Nursing.

(3) After passing the Senior Examination at the London Homœopathic Hospital the Nurse must return to the affiliated local hospital to complete the full four years before the affiliated Certificate shall be granted for the period served at the London Homœopathic Hospital.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE B.H.S. has held two meetings in February, the first the usual one on Thursday, February 5th, and the second, a special meeting for those who find the hour of 5 p.m. awkward, was held at 8 p.m. on February 19th.

On the 5th a statement was made on behalf of the International Council and its acting Committee re-elected. Following this the President made an earnest appeal to the members to support his efforts to put the Society in a more stable position in the course of the next few years, and all the members present pledged themselves to a definite form of helpfulness.

Certain specimens were shown by Drs. Burford, Weir, Cunningham and Mr. Eadie.

Dr. T. G. Stonham introduced a discussion on Graphites, with one of his well-known careful and illuminating drug studies. Mr. Eadie read a paper on Duodenal Ulcer, and comments on both papers were made by Dr. Borland, Dr. Weir and Mr. Granville Hey.

On February 19th was held a special meeting at 8 p.m., to enable members to attend for whom the usual hour of 5 is inconvenient. A good gathering assembled. Dr. Hall Smith read a comprehensive and admirable paper on the L.H.H. experiences during the severe epidemic of Influenzal Pneumonia last winter. It roused great interest and was discussed by Dr. Wheeler, Dr. Neild, Dr. Cronin Lowe (who showed some beautiful pathological paintings in illustration—the work of Mrs. Cronin Lowe), Dr. Back, Dr. Weir, Dr. Goldsborough, Dr. Wynne Thomas, Dr. Nankivell, Dr. Stonham, Dr. Kyle, Dr. Tyler, Dr. Fergie Woods and Dr. Neatby. Dr. Bach demonstrated an exhibit to illustrate the study of Fæcal Bacteriology. Finally a series of lantern slides, concerned with certain Eastern parasitic diseases, were shown. These were very kindly lent by Professor Leiper, M.B., D.Sc. It was generally felt by those present that the experiment of the extra meeting had been very successful.

THE BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED).

As mentioned in the February number of "THE HOMŒOPATHIC WORLD," a dinner, at which Sir George Wyatt Truscott, Bart., the President of the British Homœopathic Association, and W. Lee Mathews, Esq., the Chairman of the Association, were hosts, was given at The Waldorf Hotel, on Wednesday, 28th January. The guests—prominent representatives of Homœopathy from the London and the Provincial Homœopathic Hospitals, numbered thirty-two. Great regret was expressed by the gathering at Sir George Truscott's inability to be present, owing to the severe illness of Lady Truscott.

Following the dinner a Conference was held, introduced by a speech by Mr. Lee Mathews from the Chair, the context of which is given below :—

" All of us here are interested in Homœopathy and desire its continuance and extension. The New Health Act and the New Ministry will, unquestionably do great service to our country, and as good citizens we shall rejoice at that. But incidentally the Ministry has wide powers, and in the exercise of them it *may* (I say advisedly *may*, for I do not believe it will deliberately continue to do so) interfere considerably with the freedom of voluntary hospitals. In so far as the common interest of all voluntary hospitals may be threatened, our hospitals might possibly count on being included in any general measures of defence which these institutions might adopt. But we should be foolish not to recognise that there may still be enough covert ill will to our cause to make it possible that any government measure that incidentally hit Homœopathy rather hard, might not be altogether displeasing to the majority of the profession—at least we should be unwise to count on a rush to our rescue. I repeat that I do not anticipate any direct and deliberate attack on Homœopathy, but we must prepare for possible emergencies in which a proposal, not definitely aimed at us, may yet touch us very nearly.

" Now I interpolate here an answer to a possible

complaint which may be budding in the minds of some of you. Sir George and I have the honour to serve the hospital in this city, but our particular chosen province of the British Homœopathic Association, and some of you may be murmuring within you—‘Why is the B.H.A. always trying to interfere?’ I can best soothe that irritation, if it exists, by reminding you that the collective wisdom of your Congress requested the B.H.A. to take precisely those steps which we have taken, and therefore we interfere in response to a desire for which *you* must take responsibility. But I have to admit (interfering as it may prove us to be) that we had begun to take action earlier. Long ago in that little matter of Sugar Discs and Pillules we had been forced to approach the officials of the Ministry even before they possessed all the organisation which to-day is theirs. And Fate so ordered matters that we found not only a courteous but a friendly and sympathetic hearing. There is sympathy and even friendship for the B.H.A. in high quarters at the Ministry, and the B.H.A. is likely to learn of measures which may be inimical to Homœopathy while there is time to protest and resist.

“Therefore, Gentlemen, this interfering B.H.A. *can* perhaps serve you as indeed it exists solely to do. Our proposal now is that a Committee be formed to represent all the Hospitals—empowered to take action swiftly in the name of all, if the need arises for protest or action. You must understand that it may not be possible to consult you all individually. If you come into our plan you must be willing to give the Committee which represents you full power to act. Of course, unless there is urgency, we shall be only too anxious to help our deliberations with the individual judgments which we shall then seek; and equally if any hospital prefers to stand outside our scheme and play ‘a lone hand,’ we can but piously hope that any service we may be able to render other institutions may also be of help to the isolated one. With these preliminaries I announce our proposal—the B.H.A. has appointed seven of its Council, three laymen and four doctors, to serve as its representatives on this Committee of

Emergency that I have described. Their names are as follows: Sir George Truscott, W. Lee Mathews, E. H. Morton, Dr. G. Burford, Dr. Neatby, Dr. John Weir, and Dr. Wheeler. We wish to add to them seven representatives from the Hospitals and we want you to elect them now. We make no suggestions to you as to laymen or doctors; you will have to consider possibilities of attendance in your choice, and that must influence you. You can, of course, elect men not here present, if you can persuade them to serve. The B.H.A. members do not propose to vote.

“ Now, Gentlemen, we have about an hour for debate before us, and I hope speakers will consider five or six minutes each enough for their speeches. We have to discuss :—

- (a) Is such a general Committee desirable ?
- (b) Do the Hospitals wish to come in ?
- (c) Will they, if so, choose seven representatives ?

“ Now I have exceeded the time limit I have set, but I have yet another thing to say. Whether or no you think a Committee necessary or desirable, and whether or no you wish to join it is for you to determine. But I cannot sit down without once again suggesting to you that there is still far too little solidarity about homœopaths. Here again comes the eternal plea for the B.H.A., but is it not obvious that we can only have weight that counts by uniting our scattered forces and that only a central body can unite them. Plenty of lip service is paid to this idea, but too little of practical service. We do *not* need to exhaust your local resources—but 10s., even 5s., a year from every believer among your patients would give the B.H.A. an assured position which at present it does not possess. If it fails, however, it will have to be painfully reconstructed, or something of its kind. Why let it fall ? Yet who can save it but those for whose benefit it exists ?

“ You remember the motto of the three famous musketeers— ‘ All for each one—and each one for all ’ —a motto just as suitable for us as for those genial and attractive adventurers. I hope this reminder of

our needs and weighty responsibilities will be less painful if associated with the thoughts of D'Artagnan and his immortal comrades."

Dr. Philip Wilmot, representing with Mr. Lewis (the Honorary Treasurer), the Devon and Cornwall Homœopathic Hospital, Plymouth, expressed their entire agreement with the programme set forth in Mr. Lee Mathews' opening remarks. He then strongly urged that, together with the other important matters, the position of those Nurses who have passed through the homœopathic schools in the smaller provincial hospitals, and who, because of legislation have become deprived of a living, should be carefully considered, and means found whereby they could be recognised by the Authorities of the College of Nurses, or included in the Register which, he understood, was coming.

Mr. R. Henryson Caird, as representative of the largest homœopathic institution in the Kingdom—the London Homœopathic Hospital—stated that he was heartily in agreement with all that Mr. Lee Mathews had just put before them. He, personally, had always recognised the use of the British Homœopathic Association, and he believed that there was no one at the London Homœopathic Hospital who was antagonistic to it. As to the question of the Nurses which Dr. Wilmot had just put before them, he thought that by some scheme of affiliation, that the London Homœopathic Hospital would be able to supply, nurses would be given that extra training which was not perhaps available for them in their local institutions, whereby they could become qualified to obtain certificates under the Nurses Registration Act.

Mr. Henry Edmonds, the Chairman of the Tunbridge Wells Homœopathic Hospital, expressed that Institution's fullest sympathy with the British Homœopathic Association in their efforts to link all homœopathic bodies together and to make Homœopathy solid in the country. He said that his committee would do their very best, by means of their representatives, to support the Association in their endeavour to protect the position of Homœopathy. He inquired whether it would not be a good plan to anticipate the possibility

of the need for putting some pressure upon Parliament in their favour by getting their arguments into the press and sending them to both Houses of Parliament?

Mr. R. L. Impey, expressing his thanks to the hosts for their invitation to him as a representative of the Birmingham Homœopathic Hospital, with which he had for fifty years been actively connected, gave a brief interesting account of the work of that excellent institution and of its financial position. He said there were not many names on their Committee, but he had no doubt they would find one who would represent the Birmingham Hospital on the proposed Emergency Committee, described by Mr. Lee Mathews in his introductory remarks, and, as far as the names of the seven members of the B.H.A. Council who had been appointed to serve on this Committee were concerned, there was not one they would like to see absent.

Dr. George Burford said it was a matter of moment that the gentlemen who had come some distance to attend the present meeting should decide upon their representatives for the Emergency Committee, and he proposed that two hospitals should combine to send a representative. He urged the importance of having a Committee easily summonable, and said that the consideration and protection by this Committee of the position of their homœopathic hospitals, as affected by the passing of the Public Health Act, was only one of the many pressing homœopathic problems at the present time. He remarked upon the importance of leaving no stone unturned to enormously increase the number of homœopathic medical men, anxious to join the homœopathic cause. He was very glad that Dr. Neatby, the President of the British Homœopathic Society, was giving this matter his attention. He referred to Dr. Wheeler's having written just such a book—"An Introductio then to Principles and Practice of Homœopathy"—as was required to place in the hands of young men starting in the medical profession, and to the British Homœopathic Association's distribution, by means of a grant they had received, of copies of this work to non-homœopathic physicians introduced to them by their homœopathic *confrères*.

Mr. Lee Mathews then called upon the meeting to propose the personnal of the Emergency Committee.

A discussion followed, the result of which it was agreed that, to the following British Homœopathic Association representatives, viz., Sir George Wyatt Truscott, Bt., W. Lee Mathews, Esq., E. H. Morton, Esq., Dr. George Burford, Dr. A. E. Neatby, Dr. John Weir, and Dr. C. E. Wheeler, should be added representatives from the following Hospitals, viz. :—

The London Homœopathic Hospital,
The Birmingham Homœopathic Hospital,
The Bournemouth Homœopathic Hospital,
The Bristol and Bath Homœopathic Hospitals (combined),
The Liverpool and Southport Homœopathic Hospitals (combined),
The Plymouth " Devon and Cornwall Homœopathic " Hospital,
The St. Leonards and Eastbourne Homœopathic Hospitals (combined),

The Tunbridge Wells Homœopathic Hospital ;
thus comprising a Committee of fifteen members. As it was essential that the appointment of representatives of the above hospitals should be carefully considered with a view to their regular attendance at meetings of the Emergency Committee, it was decided that the Secretary of the B.H.A. should write to the above hospitals requesting the appointment of their representatives at their next meeting of their respective Boards, and to furnish the information as early as possible.

In Mr. Lee Mathews' concluding remarks he announced that he had just received the intimation of Mr. James Stuart's most generous gift of fifty guineas to the funds of the British Homœopathic Association, in support of such work and aims as they had been discussing. This was received with enthusiasm.

It was felt on all hands that there had not been for long, if ever, so complete a sense of fellowship among those interested in Homœopathy, and it is impossible to thank adequately the generous hosts and prime movers in the matter, Sir George Truscott and Mr. Lee Mathews.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH JAN. TO 15TH FEB., 1920.

GENERAL FUND.

	<i>Subscriptions.</i>				£	s.	d.
J. S. Thomson, Esq.	1	1	0
G. B. Puttock, Esq.	1	1	0
Mrs. Paynter		10	6
Dr. W. F. H. Newbery		10	6
Dr. C. J. Wilkinson	1	1	0
H. F. Fermor, Esq.		5	0
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R. Clarke Edwards, Esq.	1	1	0
Miss L. M. Fowler	1	1	0
Miss M. I. Cobb	1	1	0
C. T. Knox-Shaw, Esq., M.C.R.S...	2	2	0

SUBSCRIPTIONS AND DONATIONS IN RESPONSE TO SPECIAL APPEAL, RECEIVED FROM 16TH JANUARY TO 15TH FEBRUARY, 1920.

	<i>Subscriptions.</i>			<i>Donations.</i>			<i>Total.</i>		
	£	s.	d.	£	s.	d.	£	s.	d.
C. J. Adams, Esq.	1	1	1	1	1	0
Mrs. Hurnard	10	0	0	10	0	0
W. Melville Wills, Esq.	..	5	5	0			5	5	0
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W. Lee Mathews, Esq.	..	4	4	0			4	4	0
W. Michael, Esq.	..	1	1	0			1	1	0
Mrs. Samuel D. Wills	2	2	0	2	2	0
	£15	15	0	£22	1	0	£37	16	0

THE NATIONAL HOMŒOPATHIC FUND.

	<i>Donation.</i>	£	s.	d.
James Stuart, Esq.		52	10	0

The usual monthly meeting of the Executive Committee was held at Chalmers House, on Wednesday, 18th February, at 4.30 p.m.

EXTRACT.

THE FEES OF OUR ANCESTORS.*

By SIR D'ARCY POWER, K.B.E., F.R.C.S.Eng.

OF the fees gained by the medical profession we may say with Koheleth, the gentle cynic, "That which hath been is that which shall be ; and that which hath been done is that which shall be done and there is no new thing under the sun." In the fourteenth century, which is the earliest period of which I have any knowledge of surgical fees in England, the conditions were very similar to our own. Fees were high and, at any rate on the surgical side, the patient was expected a threefold debt to pay. He paid a sum of money down, he contracted to give his surgeon an annuity of so much—seemingly as long as he survived—and he gave one or more suits of clothes—liveries—yearly. This was truly a full dress fee. Here are the details of such a transaction by John Arderne, an English surgeon living between 1307 and 1390, who says, "Ask of a great man an hundred marks or forty pounds with robes and a fee of an hundred shillings yearly for life. Of less men let him ask forty pounds or forty marks without further fees ; and let him take not less than an hundred shillings for never in all my life took I less than an hundred shillings." The annual income of a labourer at this time may be estimated at £4, and out of this it was possible for him to save a pound. The surgical fees, therefore, were very high, and as many of Arderne's patients are known to have lived for many years after he operated upon them he ought to have amassed a considerable fortune. I am quite unable to discover how the surgeons at this time invested their money if they did not buy land, and many of them certainly did not do so. It was hazardous to lend to the Crown ; there were no funds or Government securities, and there were no Jews. Although the fees were large the surgeon could

* A Short Address delivered at the Social Evening of the Royal Society of Medicine on January, 30th 1920.—From *The Lancet*, with full acknowledgments.

not have had more than two or three patients a year, for it was his duty to live in the castle or house until the cure was complete, although there were certain itinerant surgeons, sons of Belial, who would take the fee in advance, operate, and then disappear on the following day. It was thought that such men brought discredit on the art of surgery.

Medical Fees in the Elizabethan Period.

The Wars of the Roses impoverished England in the fifteenth century, and very little is known of surgical practice until the time of Elizabeth, when payment for services rendered had undergone a great change. It was then usual to contract to cure the patient for a given amount, paid either wholly in money or partly in money and partly in kind, or perhaps very often wholly in kind, for surgeons at any rate were not particular as to how they were paid so long as they got something. Here again are instances of each method: "On 19th April, 1569, the wife of William Selby, of London, ironmonger, complained that William Wise had not cured her husband's leg as he promised to do, and it was ordered that he should repay again of the money which he received in part of the bargain six shillings and eightpence." And a few years afterwards, on Oct. 2nd, 1576, "a complaint was made by Thomas Adams against John Paradice, because the said John had received money in hand and a gown in pawn for the remainder to cure the daughter of the said Thomas, which daughter died and the poor man made request for the gown again." The custom of contracting for a cure extended throughout the surgical profession at this time, for even William Clowes, the Queen's surgeon "was complained of by William Goodnep, in February, 1575, for not curing his wife *de morbo gallico*, and it was awarded that the said Clowes should either give the said Goodnep twenty shillings or else cure the wife." Clowes very wisely agreed to pay the twenty shillings. The fee at this time was a noble, and later an angel, for those who corresponded to our consulting physicians and surgeons. The practice of an annuity still lingered, for as late as 1660 Wiseman

writes of a patient upon whom he had operated :
" This person retired into the country and returned to London at the end of two years and acknowledged to me his cure by settling thirty pounds a year upon me during his life and paid me sixty pounds for the two years passed."

Origin of the Guinea Fee.

A new coin—the guinea—was struck in 1660, and it was quickly utilised by the doctors, who demanded it for a fee somewhat to the displeasure of the older generation, for the author of the " *Levamen Infirmi* " writes as late as 1700 : " To the graduate in physic his due is about ten shillings, though he commonly demands or expects twenty ; those that are only licensed physicians their due is no more than six shillings and eightpence, though they commonly demand ten shillings. A surgeon's fee is twelvepence a mile for his journey far or near ; ten groats (3s. 4d.) to set a bone broke or out of joint ; and for letting of blood one shilling ; the cutting off or amputation of any limb is five pounds, but there is no settled price for the cure." The value of the noble, the angel, and the guinea, the successive units of fee in England, was never stable ; the noble and angel varied from 6s. 8d. to 10s., whilst the guinea, which was at first worth twenty shillings, sometimes rose as high as 30s., and for many years was never less than 21s. 6d. A guinea was the regular consultation fee from the time of its introduction until about 1870, when the cost rose to two guineas. The two guinea fee remained until 1918, when it became three guineas.

Fortunes Made by Medical Men.

Very large sums of money were earned by successful physicians and surgeons in London during the eighteenth and nineteenth centuries, as there were few consultants in the provinces, and wealthy patients and serious cases gravitated to London. Dr. Radcliffe and Dr. Mead made their fortunes by seeing patients at their own houses or in consultation at a guinea apiece, whilst they wrote prescriptions for patients

whom they had never seen (from descriptions of the case given by the apothecary in attendance) at half a guinea a bill. Dr. Radcliffe, when he was living in Bloomsbury Square, charged five guineas for a consultation at Bow. No inconsiderable portion of a successful consultant's income came from long journeys, and it is marvellous how they not only became inured to the fatigue and discomfort of travelling on bad roads, but were actually able to produce good literary work in their carriages. There is the well-known story of the collective power of the guinea in the case of the physician who declined to accept a fee from his patient; but was unable to refuse when the patient gave him a bag full of guineas filled by the simple process of dropping a coin into it after each visit; or the other story of the doctor who had his fee hurled at him by an eccentric patient and merely remarked that he would pocket the insult. There are several large fees on record. One of the best known is that received by Dr. Dimsdale, who left England at the desire of the Empress Catherine of Russia on July 28th, 1768, and returned in 1769. He introduced the inoculation of small-pox into Russia, and inoculated the Empress and about 140 other persons. He was rewarded for his services with the dignity of a Baron of the Empire, a present of £10,000, and an annuity of £500. The Dowager Lady Dimsdale has kindly referred to Baron Dimsdale's diary, and tells me that although the annuity is mentioned nothing is said about the present of money.

Another celebrated fee was received by one who, I am glad to say, is not a predecessor, for he is in robust health, and will, I hope, long remain so. It was a lakh of rupees, which at the present rate of exchange is worth £12,000, and by his kindness I am able to show you the illuminated tablet in Persian which accompanied the gift. Sir Peter Freyer received the fee in August, 1888.

Country Practitioner's Fees.

Very little seems to be known about the fees charged by country practitioners. Dr. Edward J. Cross, of

St. Neot's, has kindly lent me a very interesting ledger showing detailed accounts of the firm, which still exists, for the years 1742-1755. Each item is priced, and ranges from 2s. for a bottle of medicine to 3d. and 6d. for a pill, whilst for a visit, or "iter" as it was called technically, was from 2s. 6d. to 4s. 6d., according to the distance. The total account rarely exceeded £5, and was usually under £1. The patients paid at long intervals, and generally only part at a time. We know from the evidence given by Abernethy at the Royal Commission in 1834 that these charges were the usual ones in the country, for he states that "I was called into the country to see a patient in consultation with his family practitioner and I ordered the patient a pill. When we left the room the doctor said, 'Do you mind making that pill into a mixture?' I said, 'What difference does it make?' He replied, 'None to you but much to me. If you order him a pill I shall have to come to-morrow to see how it has acted and I shall only get threepence for my trouble and I must supply the pill, but if you put it into a bottle I shall receive a more adequate fee.'" Indeed, until 1815 the general practitioner was remunerated entirely by the amount of medicine he could induce his patients to swallow and not at all for his skill and attention.

The end of this bad practice was a side issue of the tax upon glass imposed in 1812. Bottles became so expensive that the general practitioner was obliged to reconsider his position, and thence arose the agitation which culminated in the Medical Act of 1815. The practice of extensive dosing lingered amongst the people until our own time, and the familiar expression of "a blue pill and black draught" is a reminiscence of the time when 6 or 12 1-oz. phials were sent out in packets neatly wrapped up in white paper, each phial having a single blue pill in a small box, with white ends and a red body, perched upon the top of the cork. The price was 1s. 9d. a draught and a pill, and there was, I presume, a handsome profit, which was lost when 8-oz. and 12-oz. mixtures came into vogue.

Conclusion.

And thus I come back to Koheleth's statement that there is nothing new under the sun, for if we consider the relative purchasing power of money in the eighteenth and twentieth centuries our predecessors were better paid than are the majority of the medical practitioners at the present time. The type of practice has changed ; the type of mind remains. The older generations demanded bleeding and plenty of physic ; the modern generation asks for serums, vaccines, and intravenous injections.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—In reply to the letter of your correspondent, "W. H. Knight," I may say that the remark of Dr. Francis concerning vaccines was taken from an article by him printed in the *British Medical Journal* last August 16th.

The prison test mentioned in my lecture was carried out at a Michigan State Prison, between the years 1857 and 1874. This is a good many years ago, but the difference in cost between the allopathic and the homœopathic *régime* would probably be even greater now, with the increased price of the synthetic drugs so largely used by the allopaths.

I am glad your correspondent reminded us of Hahnemann's wonderful prophecy relating to the cholera microbe. It is only one of many ways in which our founder proved himself years ahead of his time—if not of *our* time!

I am, Sir, yours truly,

H. FERGIE WOODS.

8, Park Drive,
Golders Green, N.W.3.
17.2.20.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

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Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, Russell Square, W.C.1, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

- | | |
|---|--|
| <p>Barling and Morrison. A Manual of War Surgery. With an Introduction by Major-Gen. Sir George H. Makins. 8vo, pp. 495. n. 21s.</p> <p>Cameron (S. J.) A Manual of Gynæcology. 2nd edition, revised. Royal 8vo. n. 25s.</p> <p>Cunningham's Manual of Practical Anatomy. Vol. I. Revised and edited by A. Robinson. 7th edition. Cr. 8vo. pp. 451.</p> <p>Davis (W. Clyde). Essentials of Operative Dentistry. 3rd edition. 8vo. n. 21s.</p> <p>Encyclopædia Medica. 2nd edition. Under the General Editorship of J. W. Ballantyne. Vol. VI.—Heat Fever to Intertrigo. Royal 8vo, pp. 666 n. 25s.</p> | <p>Findlay (Leonard). Syphilis in Childhood. Cr. 8vo, pp. 166. n. 8s. 6d.</p> <p>Jack (William R.) Wheeler's Handbook of Medicine. 6th edition. Cr. 8vo, pp. 573. n. 12s.</p> <p>Midwife's Pocket Book (The). With which is incorporated the Midwife's Pocket Encyclopædia. 7th edition. 18mo, pp. 188. n. 1s. 3d.</p> <p>Pharmaceutical Pocket Book for Practitioners and Students (The). 9th edition. 18mo, pp. 360. n. 3s. 6d.</p> <p>Pope (Amy E). Pope's Manual of Nursing Procedure. Cr. 8vo, pp. 607. n. 10s.</p> <p>Sutton (R. L.) Diseases of the Skin. 3rd edition. Royal 8vo. n. 42s.</p> |
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JUST PUBLISHED.

AN INTRODUCTION TO THE
Principles & Practice of Homœopathy

By **CHARLES E. WHEELER, M.D., B.S., B.Sc. (Lond.),**
Editor of the *Homœopathic World*.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to **Dr. C. E. WHEELER,** 71, *Harley Street, W.1.*

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "**MANAGER**" of the *Homœopathic Publishing Company*, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Mr. Lee Mathews, London—Mr. Frost, Colchester—Mr. Purchas, London—Dr. E. A. Neatby, London—Dr. Burford, London—Mr. Knight, Ilchester.—Dr. Macfarlan, Philadelphia.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homœopathiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Respiratory Therapeutics, Cartier.

The Homœopathic World.

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Some Experiences in the Army. By Douglas M. Borland, M.B., Ch.B. Glasg.

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED) :

Receipts from 16th December, 1919 to 15th January, 1920.

EXTRACT :

Boiled Vegetables for the Use of Diabetics. By P. J. Cammidge, M.D. (Lond.)

REVIEW :

Dr. Cartier on Respiratory Diseases.

VARIETIES :

Medical and Surgical Works.

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THE HOMŒOPATHIC WORLD.

APRIL 1, 1920.

INTERNATIONAL HOMŒOPATHY.

THE European War interrupted a very promising growth of Internationalism in the world of Homœopathy, and the International Council has worked hard, (far harder than most of us realize), to keep alive the tender plant thus threatened in its early years. Yet the Council has succeeded and the plant lives. The proof of this will be found elsewhere in this issue where there is a statement of the proposed delegate meeting at the Hague in August.

The object of this meeting is to review the International situation and make decisions to deal with it as well as may be possible. It is expected that most countries will send several representatives, official or unofficial, so that while the gathering will not be actually a congress it will be rather more than a council gathering. We hope that England will be well represented. Dr. Burford is a host in himself, but it is not fair to leave him unsupported. A good contingent from America is expected, and greatly as we shall welcome them we should like the voice of England to be audible also. Will supporters of Homœopathy therefore take special note of the occasion and bethink themselves early of the points which they may wish their delegates to raise.

NEWS AND NOTES.

A NOTEWORTHY EVENT.

OUR colleague, Dr. Henry Duprat, of Geneva, is well-known to many here, as the co-operator in a vigorous (pre-war) Homœopathic Journal of Southern France, with Dr. Jules Gallavardin, whose recent death was so severe a loss to our cause on the Continent. Dr. Duprat writes that he has obtained permission to give regular lectures on Homœopathy in the University of Geneva—that is to say, in the educational headquarters of the city. The lectures are given every fortnight to an audience of 200 to 250, many of them medical students, and including several non-homœopathic physicians. It is a noteworthy sign of the breaking down of professional barriers and we can all most heartily congratulate our distinguished colleague and wish him a large and increasing success in his labours.

GELSEMIUM IN INFLUENZA.

DR. WILLIAM F. BAKER, of Philadelphia, has published a valuable paper in the *Homœopathic Recorder* for November, 1919, establishing by pathological tests the power of Gelsemium to influence for good the powers of body resistance to influenza and influenzal sequelæ (pneumonia, etc.). Clinically no homœopathist needs reminding of its value, but these laboratory experiments are interesting confirmation of the clinical evidence. Bryonia was also tested and proved to have great power, while coal tar products in these experiments were found actually harmful. It is interesting to note that Gelsemium has more power in low potencies—Bryonia in higher ones.

A SIMPLE URINE TEST FOR ACIDOSIS.

By Clifford Mitchell, M.D., Chicago, Ill.

TITRATION of the acidity of the urine is not a reliable procedure for the determination of acidosis.

Other factors enter into the acidity of the urine. Acetone bodies in urine indicate acidosis but diacetic acid is the only one readily detected by simple chemical tests, and in this determination many fallacies may occur. The determination of the carbon dioxide content of the alveolar air requires special apparatus and may not be available in smaller communities, and the conjoint examination of the blood and urine is hardly suited to the routine practice of medicine.

The writer has devised a simple trustworthy urine test, accomplished without the need of special apparatus special skill or chemicals. This has been used successfully in the case of two types of acidosis—diabetes mellitus and that of pernicious vomiting of pregnancy. The foundation of the test rests upon the fact that urine has the property of decolorising iodine in solution in potassium iodide solution.

The best way to apply the test, so far discovered, is the following: to 145 c.c. of water (hydrant water will do) are added 3 c.c. of Lugol's solution and 2 c.c. of a saturated solution of picric acid, the whole being thoroughly mixed. The result is a fine, clear, reddish liquid of bright colour. Pour this liquid into a white dish and heat it. The writer heats it on the water bath to a temperature of 180° F., but if a water bath is not available it may be heated over the flame until fumes are abundantly given off, boiling being avoided by turning down the flame sufficiently. When thus heated, the urine is added as quickly as possible but in small amounts at a time, the writer using for this purpose a graduated burette. If, however, a burette is not available, a small graduated bottle may be used from which to pour the urine into the hot liquid. It will be found that in acidosis the amount of urine needed to turn the bright red colour to a bright yellow colour is small, and the smaller the worse the case. In severe cases 2 or 3 c.c. of urine will almost immediately discharge the red colour. In cases of moderate severity 8 or 10 c.c. may be required. Normal urines do not usually affect the colour in smaller amounts than 15 c.c., except possibly in unusual conditions of concentration, where the amount of

urine in twenty-four hours may be but a few hundred cubic centimetres. In most cases of normal urine, of specific gravity ranging from 1,015 to 1,020, the amount of urine required to effect change from red to yellow is around 20 c.c. or even higher, as high as 50 c.c. in some cases.

There is no trouble about the end reaction in this process as the mixture remains fairly clear, sometimes entirely clear. If the change from red to yellow is not easily recognised, it will be of avail to have near by in another white dish about 150 c.c. of a saturated picric acid solution for purposes of comparison. With practice the titration can be made so closely as to repeat within a fraction of a c.c., provided a constant temperature is kept and if the process is rapidly performed.

If from day to day the colour is discharged by less and less urine, the case is growing worse. If, on the other hand, more and more urine is daily required to turn the red to yellow, the patient is improving.—
From the *North American Journal of Homœopathy*.

A SWISS PENSION.

FRIENDS of the L.H.H. will, many of them, remember Nurse Geraldine Tate, who worked there long and successfully. Her health breaking down some time ago, she sought a cure in Switzerland, which she has happily found. Now she has started a Pension (Les Hirondelles, Chateau d'Oex, Vaud, Switzerland), and many of our readers may be glad to know of a place in this favourite neighbourhood with the congenial atmosphere assured from Nurse Geraldine's presence. The terms are 9 to 12 francs a day, with very few extras.

OXYGEN.

DR. ELLIS, writing in the *Lancet*, makes interesting suggestions with regard to varieties of oxygen. He notes that the first oxygen he used contained a minute trace of chlorine, and proved definitely stimulant and hypnotic, the sleep induced being very refreshing.

Ordinary cylinder oxygen, though of great value in such emergencies as pneumonia, lacks the special qualities of "Chlorine oxygen." Lastly oxygen obtained by dropping water on a form of dioxide of Sodium (called Sodox) causes an extraordinary improvement in general metabolism—elimination of waste products. An interesting observation in this respect is that too large doses clearly reverse the process and do harm. Inhalations of five minutes twice daily seem often sufficient.

THE RANGOON BEAN.

"IN the village of Lankwitz (Brandenburg) an epidemic of diarrhœa and vomiting has occurred with great physical depression following, ascribed to the use as a food of *Phaseolus lunatus* known in commerce as the Rangoon Bean, and now entering Germany in large quantity. Professor L. Lewin, of Berlin, attributes the symptoms to HCN poisoning. In France, it is stated, the import of these beans is only allowed when 100 g. yield less than 20mg. of HCN."

This from the *Lancet*. *Phaseolus nanus* is a drug known to homœopathy. It looks as though this variety also would be worth a proving.

GENERAL MEETING AT THE L.H.H.

THE Annual General Meeting of the London Homœopathic Hospital was held on March 22nd. A full account of it will be published in May.

RESTRICTING AN INFANT TO WATER.—This rests and soothes the gastro-intestinal tract. It probably also modifies the intestinal flora. Marfan lays down as the quantity necessary 125 gm. of water per kilogram of weight, up to one year. After this age a litre of water per day will suffice. It is best given in teaspoonsful at a time. In cases of severe vomiting and diarrhœa, a teaspoonful of ice-water may be given every fifteen minutes. This water treatment should never be maintained for more than three days. The resumption to ordinary diet should be by easy stages.—DR. BURNET (*Prescriber*).

ORIGINAL COMMUNICATIONS.

CASES FROM THE CHILDRENS' HOMŒOPATHIC
DISPENSARY.

By DR. ROBERSON DAY.

Cerebral super-activity in the young is well known, and there are certain highly strung children of the intellectual type who are easily excited towards night, when the brain is tired, by fairy tales or romping games—a restless night is the usual sequel. In others again this condition may even pass into a morbid state, where sleep is disturbed by terrible dreams, the child waking in terror, and crying and screaming in a semi-conscious state. Much can be done for such.

Case 1.—Joan F., age $1\frac{1}{2}$, was brought by her mother, who said she slept very badly, waking every twenty minutes screaming in terror. The parents had had “no sleep for three nights.” Physical examination revealed a good chest and nothing wrong with heart or lungs. Bellad. $12x$ every four hours was prescribed, January 7th, 1919. In a week's time (January 14th) the mother brought her again saying she had slept all through the last three nights without waking.

This cerebral activity may assume a variety of forms. Somnambulism or sleep walking, is another manifestation. Many children at some stage of their history have walked in their sleep. It is a condition more alarming to the parents than to the child. In the early hours of sleep after the little one has been put safely to bed to hear a noise on the stairs and see her come quietly into your room in the unconsciousness of sleep is certainly eerie.

Vera F., age $8\frac{1}{2}$, was brought to me, November 29th, 1918, for this condition. She was a bottle-fed child, second in the family, wasted, thin, and flabby; chest measurements 21 , $22\frac{1}{2}$, and vital capacity of $1\frac{1}{2}$ inches. The shoulder blades were prominent. Appetite poor. Her mother has to strap her down in bed at night to prevent her walking in her sleep, and

falling and bruising herself as she has done. She also screamed and talked in her sleep and was very irritable. This condition came on after the air raids. Her teeth were bad ; heart irregular, and every winter she suffered from a croupy cough. She had been previously treated at another hospital and had her tonsils and adenoids removed with a view to relieving this condition, but all to no purpose. Bell. 6x, every four hours was ordered, and physical exercises to expand her chest.

On *December 6th* mother said she had night screaming and was "never still." Ignatia 3x twice daily to follow the Bellad., and ordered to have much rest, early hours, etc.

On *December 20th* she was better, waking occasionally and screaming—a very restless irritable child. So Bellad. 12x thrice daily was given.

On *December 27th* the irritability seemed the most marked symptom, and Chamomilla 30 night and morning was given. This was changed for Hyoscyamus 1x thrice daily on January 10th, 1919, which cleared up the case. The next visit, which was the last time I saw her, she was sleeping peacefully, no somnambulism—cured. Hyoscyamus is a wonderful medicine.

Laryngismus stridulus must be carefully distinguished from other laryngeal affections common to childhood, such as spasmodic croup—the commonest, where the child has "taken cold," and has a catarrh of the upper respiratory passages which has extended to the larynx. This causes the child to wake up in the early morning hours with a barking cough, causing it to sit up in bed and "fight for breath."

Then there is Diphtheritic croup, the most serious of all, which is due to the membrane developing in or extending to the larynx. Here the dyspnœa steadily increases, if untreated, and is continuous, and may occur in the night or day.

Laryngismus stridulus is always associated with Rachitis, and hence is met with in children under two years. It is well described as crowing breathing, and is due to a nervous spasm of the glottis. It cannot

be confused with the spasm of whooping cough, although the noise is somewhat similar.

Joan T., age 9 months., was seventh child, and the only one bottle fed. All the others were quite healthy. She had been fed with Nestlé's Milk, Milo Food, and Ridge's Food; had no teeth, sweated profusely in sleep, and the usual signs of rickets were present. She has recently developed crowing breathing, and in bad attacks she turned a dusky colour. This was in September, 1919. Calc. Carb. 12x thrice daily and appropriate diet were ordered, with sea water spongings and plenty of fresh air. Under this treatment the attacks grew less, and on November 11th mother reported no crowing. She subsequently had an attack of diarrhœa and with it a slight return of the trouble. When twelve months old two teeth appeared, and progress was steadily maintained.

The treatment of Laryngismus stridulus consists in abundance of fresh air, and not confinement indoors which the mothers are inclined to adopt. The restless nights were met with Bell. 12x and Hyoscy. 3x, and the diarrhœa associated with teething with Cham. 30.

Spasmodic Asthma in children is no uncommon thing, and essentially chronic and difficult to treat. It is associated with bronchitis and often with eczema, and the gouty, acid dyscrasia.

The attacks come on at night and are precisely like those seen in adult life. Much can be done by suitable treatment. Physical exercises are of great value to expand the chest, which is generally at fault. The diet should exclude red meats and be as simple as possible, largely milk, fats, fruits, and vegetables. These children are always thin and cod liver oil is needed.

Arsenicum alb is most generally useful.

Reginald A., age 10½, came on July 15th, 1919, with bronchitis and asthma. Five years previously he had whooping cough and since then frequent attacks of bronchitis and "wheezing." Sleep disturbed by wheezing and asthmatic attacks. He was very thin. In the attacks he sits up in bed with severe dyspnœa.

Ars. alb. 3x and Ipecac. 1x alternate two hours, were prescribed; and physical exercises. November 18th much better and the first winter for five years he has not had bronchitis. Generally his worst months are October and November, and though these months have this year been exceptionally severe with fogs and cold, he has kept quite well. February 3rd, 1920, This is the first winter he has passed without asthma; he has occasional slight bronchial attacks, for which Bryonia 3x was prescribed.

The Rheumatic Diathesis is exceedingly serious in childhood and as soon as it is diagnosed prompt measures should be taken to guard these children from the consequences which too often follow. Heredity plays an important part—damp houses, heavy clay soil, and low lying districts must be avoided; wet feet and getting cold and wet often induce acute rheumatism. A well drained, airy house, with damp course, on a gravel soil, well above sea-level, should be chosen. The diet also plays an important part; sugar and acid unripe fruits should be avoided, and milk, eggs, fish, green vegetables and ripe fruits constitute the principal food.

The number of children we see with damaged hearts impresses *preventive* measures as the most satisfactory in this (as in all) classes of disease. If the *liaison* between doctor and patient were more intimate what an amount of suffering could be avoided!

Robert C., first came to the Dispensary when three years old with catarrhal jaundice. Two years later his heart sounds were noted normal. On November 25th 1919 (age 8) his mother brought him up with severe pains and stiffness in his hip joints, and a temp. 104° F. Constipation, and a faint systolic apex bruit. Acute rheumatism was diagnosed, and he was admitted to the London Homœopathic Hospital, where he remained nine to ten weeks, and on his return to the Dispensary, February 6th, 1920, he had a systolic apex bruit and thrill, and well developed fibrous nodules on either side of both knees, the size of small split peas. These rheumatic nodules are of the gravest significance and

indicate a profound rheumatic intoxication and justify a serious prognosis.

Doris B., age 6, came November 4th, 1919. She had influenza, Christmas, 1918, and rheumatic fever followed. The family lived in a damp house. There was a faint double apex bruit, and enlarged tonsils. The cough for which she came was treated with *Bryonia* 3x, and subsequently the tonsils were reduced with *Baryta Carb.* 12x.

Irene B., age 8, her sister, also had enlarged tonsils, but a sound heart. *Baryta Carb.* 12x most successfully reduced the tonsils.

Maud F., age 4, came April 27th, 1917, with a second attack of chorea. The first attack was a year ago. She was highly nervous and had general choreic movements. The heart was normal. *Ignatia* 3x thrice daily and warm baths every night quickly relieved, and she disappeared until January 13th, 1920, when she came with her third attack of chorea, which began a week before Christmas. She has now developed a loud apex systolic bruit. Her speech is affected; she falls about when she attempts to walk. Complete rest in bed and good nutrition diet were ordered, and *Agaricus* 3x thrice daily.

Dora S., age 12, came August 30th, 1918. Four years ago said to have had rheumatism. There are four other children in the family and one has chorea. The heart sounds are normal. She is highly nervous and during air-raids lost her speech. She has old scars from *Herpes Zoster*, extending from left scapula to breast. She cannot take a deep breath without pain. She was given *Ignatia* 3x; subsequently *Pulsatilla* 30 and *Sulph.* 30.

Such are the cases we meet in daily practice and they emphasise our limitations in treatment. It is often impossible to remove these children to a suitable environment, but whenever possible this should be done. Chorea does not strike the parents as a serious matter, but consider the case of Maud F. Had we been able, when she came with her second attack to

remove her to ideal conditions she would probably have escaped a life of mitral disease which is now before her. Robert C. also is similarly hopelessly handicapped, and had we been in closer touch with him, he too, might have been spared this incurable sequel.

The moral of it all is to keep all children in touch with the doctor, and by periodical and systematic examinations, such as are now advised by school authorities for the teeth, we should in many, if not most cases, be able to prevent serious developments and consequently save parents costly illnesses and useless regrets.

INTERNATIONAL HOMŒOPATHIC COUNCIL.

THE following special letter has been issued to the Homœopathic Physicians in this country :—

Dear Colleague,—

You will doubtless recall that the meeting of the International Homœopathic Council planned in 1914 to meet at the Hague was postponed on account of the outbreak of War.

The homœopathic physicians in Holland have been good enough to renew their invitation for the assembly of the Council in the same city on August 26th, 27th and 28th of this year; and invitations are being dispatched to the homœopathic societies in all the countries of the world to send delegates to the forthcoming meeting.

But, in addition to the official delegacies, the Council cordially invite the attendance, and participation in debate, of every homœopathic physician who may be travelling in Holland at that time, or who would care to make the journey for this special purpose.

Business of a most important character with regard to the revival of Homœopathy in the various countries of the world will come up for consideration, and in particular the question as to how the more fortunate countries can give counsel and aid to those at this juncture less happily circumstanced in the matter of Institutional Homœopathy.

The insistent requirements for the increase in number of Homœopathic physicians, and of adequate provision for their systematic academic instruction in Homœopathy, constitute subjects of urgency. The provision of special professional literature for widespread introduction to the notice of physicians of the old school, as well as the subject of homœopathic hospital extension, are also matters of prime importance.

The council would be gratified if you would add your own counsels to those of the assembly during the time of meeting. The material for consideration is of national as well as international consequence, and this Parliament of homœopathic physicians for administrative purposes should be a thoroughly representative one.

Among other arrangements the Draft Programme includes a reception arranged by our colleagues in Holland, at which it is expected that two of the Dutch Ministers of State may be present to meet the members of the Council. Later in the course of Council business, a visit will be made to the Homœopathic Hospital at Utrecht, where a special meeting of the Dutch Homœopathic Society will be held in honour of the Council members' attendance.

As the Hague is likely to be full of visitors during the month of August, it is suggested that applications for hotel accommodation should be made as soon as possible to ensure satisfactory provision. Such requests will gladly be received by one or other of the signatories of this letter, or by *Dr. Twinzing, Haringvliet 26, Rotterdam, Holland*; and it would greatly facilitate the work of these gentlemen if intending visitors would send in their names not later than April 30th.

With our cordial greetings,

We are,

Yours very faithfully,

GEORGE BURFORD,

*Acting Secretary of
the Executive Committee.*

March, 1920.

C. GRANVILLE HEY,

Corresponding Secretary.

GENERAL DRUG DISORDERS OCCURRING IN THE EVENING.

By DR. L. SALZER.

IN the evening, especially before going to bed,
subsultus tendinum: Alcohol.

Tremors worse in the evening, when he is fatigued :
Plumb.

Every evening, seven o'clock, strange uneasiness
which rouses the child from its slumber. It tosses
about in bed, and screams until it falls into a sound
sleep towards ten o'clock. During the uneasiness
the head feels bloated and burning; next morning the
face is covered with spots as if scarlatina would break
out : Ammon carb.

During the evening uneasy, restless; could confine
himself to nothing; wanted to be moving from place
to place : Baptis, Merc sol, Rumex.

In the evening great uneasiness, especially in the
limbs; he was unable to lie still : Calc carb.

Every evening, spasms with delirium, alternating
with quiet humour, wildness and outbreaks of rage
with inclinations to bite : Crocus sat.

In the evening, in bed, a great internal restlessness
through the whole body; every particle trembles and
is in a vibratory action : Eupion.

Especially in the evening or at night, often waking
from sleep—lameness and stiffness with spasmodic rest-
lessness in the muscles and tendons : Hyperic.

At 8 p.m. Extreme restlessness begins, lasting all
night till morning : Merc Sol.

Pinching here and there in the whole body, worse in
the evening : Kali iod.

Especially in the evening and the night, pulling in
all the muscles : Copaiba.

Evening air is unbearable to her; her feet become
heavy, the external air is unpleasant to her and every
part of her body becomes sore : Ammon carb.

The evening air distressed him : Merc sol.

Noticed especially in the evening as it became dark,
painful paralytic sensation about the ligaments of the

joints as in the commencement of a paroxysm of intermittent fever, with chilliness : Puls.

Sharp, cramp-like jerking pain becomes firmly situated close to those parts of the body which bend (to neck, elbows and hip) and especially occurs in the evening and during rest ; it is not in the joints but only near them, and seems to prefer the extensors rather than the flexors, and also to be worse in the morning : Lactuca.

In the evening from five o'clock, the pains are aggravated while lying down but not in bed ; the nights were free from pain except on waking, which however was not caused by the pains ; the warmth of the bed also did not aggravate the pain : Ledum.

As soon as he went to bed in the evening the pains recommenced and banished sleep : Merc sol.

In the evening and night in bed, in the morning on awaking, the pains are aggravated : Cubeb.

In the evening, frequent sharp pains darting from one part to another : Dioscor.

The principal time of the *Pulsatilla* symptoms is in the evening ; next to this the hours until mid-night. *Pulsatilla* symptoms more rarely arise about 4 p.m. (This is an exact translation from the original German of Hahnemann—Allen's translation of this passage is faulty and misleading.—L.S.)

In the evening symptoms appear particularly : Aloes, Alumina, Dulc., Hell nig., Aster rub., Ledum, Pallad, Sumbul, Kerat vir, Zinc.

In the evening symptoms aggravate : Nat sulph, Kali nit, Lachesis (in one prover) Hyosc. (?) Nitr ac, Plat. (?)

In the evening and night the symptoms are particularly apt to appear : Gambog.

From evening till midnight, all the symptoms aggravate : Bromine.

Toward evening and during night till 4 a.m. all symptoms aggravate : Æthusa. Phosph. Sep. Thuja.

Most of the symptoms appear to be aggravated, evening and morning : Sanguin can.

In the evening symptoms aggravate, often connected with weariness of lower limbs : Colcyn, Physost.

Towards evening and on lying down, symptoms aggravate; amelioration on motion and on rising: Ptelea trif.

Paralysis of the whole body in all the joints, worse on attempting to rise after sitting and in the evening: Rhus tox.

In the evening in bed, so soon as she closes her eyes, uneasiness: Magnes mur.

Symptoms still return, especially marked between 12 and 1, and 4 and 6 p.m.: Sep.

In the evening a general feeling of fatigue which increased to a very distressing degree: Ars alb., Berber, Bry. Colocyn. Igu. Manganum. (especially after a meal) Bufo (with faintness and nausea) Asar europ. (with sick feeling) Caust. (with cardiac depression and nausea) Lycopus.

Evening and morning, great lassitude, also heaviness in limbs: Ammon. carb. (and chilliness) Calc. carb.

Symptoms appearing groups and were aggravated in the evening: Colocyn.

The symptoms are especially violent every other evening: Puls.

EVENING-AMELIORATION.

Evening (and afternoon) all catarrhal symptoms and pain better: Cepa.

In the evening, symptoms disappear, with the exception of confusion in the head and head symptoms in general: Chelidon.

After 9 p.m. the pains in the joints, etc., diminish gradually and are not felt at all during the night: Ledum.

Evening amelioration of all pains: Kali bichr.

In the evening, all symptoms disappear except distensions of the abdomen: Asafœt.

GENERAL NIGHT-DISORDERS.

Tossing about, anxiety at night: Ars alb.

At night very restless, feverish, must walk about: Acon.

In the fore part of the night, restless: Podoph.

At night very restless, continually wakes, urinates frequently and drinks very much: Calend.

At night he can get no quiet position ; he cannot be still a moment : Caust, Lycopod, Cimicif, Ign, (with grinding of teeth, now and then convulsions.) Bellad. Rhus tox, Phosph, Merc sol.

At night it seemed as if something forced him out of bed : Rhus tox.

At night he could lie only on his back : Rhus tox.

Lying on the left side at night causes anxiety : Phosph.

Nightly nervousness : Arg nit.

At night a kind of restless prostration : Canth.

Towards night, general want of tone and life in all functions : Piper meth.

Always more miserable at bedtime : Puls nut.

At night, everything rocks within him as in a ship : Baryt carb.

When waking in the night, burning in all the veins : Ars alb.

At night, during sleep, the pains are felt : Ars alb.

Before midnight the pain awakes him : Ars alb.

At night, when awaking, there is anxiety, dyspnœa and sweat : Alumina.

Just after falling asleep, the pains became more violent and he awoke : Merc sol.

Tremors preventing sleep at night : Merc sol.

So soon as he went to bed in the evening, the pains recommenced and banished sleep : Merc sol.

Severe pains all over, worse at night : Merc.

Nightly drawing pains in the head and extremities : Merc.

Exostosis, especially on the tibia, swelling and sensitiveness of the periosteum, especially aggravated at night, by the warmth of the bed and in cold damp weather, thunder-storms, etc. : Merc.

Nightly burrowing pains in the bones : Manganum.

Especially at night, bone pains : Curare.

Distressing, burning and boring pains in the bones, which at night become intolerable and almost prevented sleep ; the pains were especially severe in the bones of the skull, palate and nasal bones and in the teeth : Phosph.

Especially at night, the dampness of the air aggra-

vates greatly the rheumatic symptoms: Poliporus pinicola.

The pains come on at night, in the first days of the provings and are on the left side, extending backwards to the body and head: Plant.

At night the pains are generally worse; they frequently drive one to the border of distraction, not unfrequently with unquenchable thirst and redness of the cheeks; also with hot sweat on the head even in the hair; the pains generally seem intolerable and not to be endured: Cham.

All the symptoms were aggravated at night and particularly by lying in bed; they compelled him frequently to rise and walk about the house; daylight finds him worn out and exhausted: Plumb.

Gnawing, burning pains in the flesh, worse at night, permitting no sleep, Sec. corn.: this is just the kind of pains which most practitioners would consider as characteristic of arsenic:

The most violent spasms occurred in the night: Sec corn.

Jerking through the whole body, at night, during sleep, and at noon: Zinc.

On going to bed, cramps and formication in all the limbs, neuralgic pains causing anguish and preventing sleep: Bufo.

When going to sleep, startings in the muscles and shocks through the feet: All sat.

At night, especially on stretching out the legs and toes, cramps are felt in these parts: Bufo.

At night the sticking pains appear for the most part or are then worse: Gambog.

Epileptic fits very often occur at night: Curare.

At night, epileptic fit about new moon; first the body becomes stretched, afterwards it is jerked into the air but without a cry and without biting the tongue: Silic.

Symptoms are particularly apt to occur in the evening and at night: Gambog.

At night, pains aggravate: Cuprum, Hep sul, Kali iod, Manganum, Mancinella, Nat, Sul nit. (?) Sep.

At night many symptoms appear : Merc iod flav.
Towards midnight, symptoms aggravated : Naja trip.

Worse after sleep at night : Pæonia.

At night, from 11 to 12, all symptoms appear worse :
Con mac.

In the morning, at 2 or 3 o'clock, the pains occur so that he is unable to remain lying and is worse than during the day while moving about : Kali carb.

Exacerbation of all the symptoms about midnight and at 3 a.m. : Saracen.

Pains are worse after 3 o'clock both in the afternoon and at night : Thuja.

NIGHT-AMELIORATION.

At night all symptoms ameliorate : Angustura.

At night a great number of symptoms disappear : Alumina.

There are some provers who reported amelioration of pain at night : Plumb.

PAROXYSMAL FEBRILE MOVEMENTS.

Sudden coldness crept over him : Ars.

Suddenly cold sensation in the left side of the back, as if he had been dashed with cold water, lasting a long time : Crocus.

Violent febrile chills for several days : carboneum oxygenisatum.

Repeated shaking chills, so that the patient seems to be affected with an intermittent fever : Cupr acet.

Several attacks of chilliness : Digitalinum.

Febrile paroxysms, first shivering, then chilliness, without thirst : Ipec.

Sense of cold, at times in one place, at times in another : Arn. (Aur.)

Alternation of chilliness and diarrhœa ; chilliness from one diarrhœa-like stool to another ; flushing of heat, especially at the face, during stool : Merc sol. (Bellad.)

Alternately, very hot and very cold hands and feet : Phytolac.

Sometimes her feet are icy cold, again burning hot : Graph.

Local sensations of cold or heat alternate with the pain : Arundo maurit.

Alternation of heat in the pit of the stomach with coldness : Lachesis.

Heat in the head alternates with chilliness in the lower limbs : Sep.

Chill and depression suddenly alternating with a reactionary warmth : Camph. (Hahnemann).

Alternating generation of heat and chilliness, not perceptible to the external touch : Merc sol.

Alternating attacks of chill and heat and *vice versa*, in various forms ; either heat and cold in succession or heat of certain parts with general rigors at the same time, form a prominent feature in the fever caused by *Aconite*.

Rapid alternation of heat and cold : Ars alb.

Alternate heat and coldness in different parts of the body : Arundo maurit, Solan, nig, Colch, Carlsbad, Sep, Silic, Alumina (Cham.)

Frequent variation of temperature, now glowing heat, now cold over the back : Atropinum ; (in the back) Verat alb.

Repeated attacks of chilliness and shivering in the back, with the usual general warmth of the body : Coff.

Febrile condition, with alternation of chill and heat : Iod. (Acon, Ars, Atropin, Arun maurit.)

Now heat now coldness (the whole night) : Acon. Angust, Baryt carb.

Alternation of heat and cold, rising like waves from the lower part of the body : Bufo.

Very hot then very cold : Ars alb.

Either she feels too cold (and nevertheless is not cold to the touch) or else she is too warm (and nevertheless is not warm to the touch) except perhaps in the palms of the hands : Ars alb.

The fever shows itself at one time by an effervescence of the blood, at another by an icy coldness of the whole body, so much so that it has been compared to the action of an intermittent fever. (From breathing the dust of the Cinchona bark by the workers in Quinine factories, according to Chevalier's report.)

Chilliness and heat, alternately, from time to time, with vertigo, constant anxiety and qualmishness : Verat alb.

Constant alternation of cold and heat in various parts ; at one time the hands were cold, at another warm ; at one time the lower leg, at another the thigh was cold, at another warm ; at one time the forehead was cold and the cheeks hot or (in the evening) flying shiverings with burning in the cheeks : Cham.

Constant alternations of chilliness and heat ; she is constantly attacked by great heat of the feet rising up through the whole body with sensations as though blood rushed into the face ; but she was rather pale than red. After a few minutes, again creepings of icy coldness from the head down to the feet (Arg nit.) and the heat momentarily disappeared. These attacks appeared several times during the day : Coccul. (Chill descends and heat ascends : Verat alb.)

Febrile paroxysms : Frequent thrills throughout the body, as when one warms himself by the fire in cold weather, after which he became so weak that he was obliged to lie down ; all without thirst or sweat : Coccul. (Alternation and short duration of opposite febrile movements, all of them marked by reduced vital energy, is characteristic of the *Cocculus* fever. (Heinigke.)

DIET IN TUBERCULOSIS.—Clarke maintains that the most digestible proteins are milk and eggs. At least a quart of milk should be taken daily. Eggs may be cooked as desired, but never fried. Meat comes third on the list. Beef contains the highest percentage of protein, while pork contains most fat. He gives a typical menu for each day of the week. That for Wednesday may be taken as an example. *Breakfast*—Cereal, scrambled eggs, muffins, milk, coffee. *Dinner*—Roast beef, potatoes, tomato soup, turnip, frozen jelly, milk, tea. *Supper*—Fish, fried potatoes, cold meat, milk, tea. Roy Morgan regards the idea of forced feeding as fundamentally wrong. The food must appeal to the taste of the patient, and a variety should be made available at each meal to suit the different tastes of the patients in a sanatorium. As Clarke says, even a hungry patient will refuse to eat a badly prepared meal. The utmost care, therefore, should be taken to see that all food is cooked and served in a proper manner.—DR. BURNET (*Prescriber*).

HOSPITALS AND INSTITUTIONS.

PLYMOUTH.

HOMŒOPATHIC INSTITUTION'S GOOD YEAR'S WORK.*

THE Annual meeting of Devon and Cornwall Homœopathic and General Hospital, Plymouth, was held on February 26th, at the Hospital; a large number of subscribers attending. Mr. J. H. Beckly presided.

The report stated that provision was now made for fifty beds, and it was hoped that this would be sufficient to meet all the demands made in the nature of casualties and operations. It was a matter of pleasure to report on the diamond jubilee of the Hospital that the debt which had been a burden for the past ten years was now cleared off, and this was attributable very largely to the untiring efforts and sound judgment of Mr. W. Lewis (treasurer). The management had had to face the enormous increase in the price of commodities, but the maintenance account only showed an increase of £240 over last year. In the medical report emphasis was laid upon the large and varied amount of work done in the Hospital, and it was stated that 281 patients had been admitted to wards, making, with 18 patients remaining over from 1918, a total of 299. The patients cured numbered 253, 11 were relieved, only 2 were unrelieved, 13 died, and 20 remained in the Hospital. In the case of operations requiring anæsthetics, the total number was 212. The casualty department recorded a total of 1,763 cases while 16,288 dressings had been performed by nurses. In the medical out-patient department, 964 patients attended with subscribers' papers, and in the self-supporting branch there were 898 patients who attended 2,165 times.

The accounts showed income £1,824, and a deficit on the year's working of £171. The extension account showed a balance of £2 8s. 6d., the income having been £1,006 gs., the amount owing to the bank £991 19s. 6d., and interest £12 1s., having been paid off.

* We have much pleasure in reprinting with grateful acknowledgments this account from the *Western Morning News*.

GREATER EFFICIENCY.

Moving the adoption of the reports and financial statements, the Chairman said the past year's work would be a satisfaction to all interested in the institution. The way in which it had been carried out showed that the experience of the past sixty years had not been lost, but had resulted in greater efficiency. He was rather sorry to be president of an institution which was still in love with the ticket system. Mr. Lewis was very much in love with it, but he personally had hoped that the Ministry of Health would have taken the matter in hand, and that they would have swept the system away before now. He hoped that the arts of peace would soon be rewarded by having all such institutions under national control, as well as those connected with the arts of war. Hospital provision was ample in connection with the army and navy, but those connected with honest industry—the arts of peace—should be equally provided for. He sincerely hoped that the time was not far distant when it would not be left to those well able and well disposed to help carry on the work, but when those who were well able but not well disposed would also have to assist.

Rev. J. H. Rodda seconded the motion, which was carried with acclamation.

THE JOY OF SERVICE.

Mr. Isaac Foot moved :—

“The committee desire to acknowledge the support given during the past year, especially in clearing off the £1,000 balance on the Extension Fund, but regret that the further needed extension will entail an additional debt, with its consequent extra cost of working.”

He said something must be done to combine national efforts with individual enterprise, but to run hospitals as national concerns would crush out the spirit which kept them together and the joy in the gratuitous contribution of service. There was behind all the work the desire for social service, the desire to help those in need, and it was because that lay behind the machinery

that the hospital had been able to present such a pleasing record.

Mr. D. Jane, seconding, said the hospital had been an untold blessing to many people in the town.

Mr. W. Lewis, supporting, acknowledged with deep gratitude the support he had received in clearing off the debt. Although he was thankful for past help, he had to look ahead, and further efforts were needed. He would need their support as much in the future as in the past. He expressed gratitude to the matron for the excellent work she had carried out. (Applause.) The resolution was carried.

Thanks were accorded the Ladies' Committee, the hon. medical staff, the hon. dentist, hon. auditor, officers, and committee, the hon. chaplains, and the Working Men's Committee, on the motion of Mr. J. T. Carkeet, seconded by Mr. W. McKirdy, and Dr. P. Wilmot, who responded, spoke of the loyalty that pervaded the hospital, and the anxiety to please and make everything go smoothly. Mr. Wright also responded, saying that he felt the extension of the hospital's activities would lead to the swelling of the subscription list. The hon. secretaries (Messrs. W. W. Hooper and R. Roberts) had not been mentioned, but they were as deserving of praise as anyone.

CONTINUED PROGRESS AT THE CHILDREN'S HOMŒOPATHIC DISPENSARY.

THE Sister's report presented at the last Committee meeting, February 26th, presided over by Eric Hartridge, Esq., was as follows:—

		1919.	1920.
New Patients	..	17	53
Old Patients	..	180	230
Renewed	.. ..	64	119
Total	.. ..	261	402
Cash taken, patients'			
fees, etc.	.. ..	£10 8s. 5d.	£18 5s. 8d.
Cash at Bank after payment of cheques,		£96 19s. 11d.	

New forms have been ordered to provide seating accommodation for the ever-increasing number of patients.

The new caretaker is working so satisfactorily that her salary has been doubled.

A Cot at the Southern Convalescent Homes, Lancing-on-Sea, has been placed at the disposal of the Dispensary by a generous supporter, for twenty-six weeks this year, and the first child was sent down on February 27th. This is a great boon and highly appreciated.

There is a splendid opportunity for work amongst children and more medical officers are urgently needed for this most important work, which is capable of great extension. Where are the men?

CROYDON.

THE annual report of the Croydon Dispensary reminds us sadly of the great gaps left by the death of Dr. Munster and of Dr. Percy Purdom. The service has had to be curtailed and is held on two evenings only. Nevertheless in spite of this and of a necessary change of quarters the numbers have gone up—2,152 attendances were recorded, and 143 home visits, and 215 dental attendances. Financially there is a small deficit, less than that of last year, and the Institution has £500 invested. Our best wishes and congratulations on good work done under some difficulties.

BOURNEMOUTH.

WE have pleasure in reprinting the following account from the *Bournemouth Guardian*. But in addition we should like to emphasise the fact that as the Hahnemann Home serves the whole kingdom so it should be supported by the whole kingdom. It has a most definite claim on us all and in its need should be especially remembered.

The Hahnemann Home, Bournemouth, in common with other similar institutions all over the country, is badly in need of increased income, and at the annual meeting this fact was emphasised. Dr. C. E. Wheeler, of London, presided. He is a

prominent homœopathist, and that was one of the reasons why he was invited to preside at the annual meeting of an institution which favours homœopathic treatment. He was supported by Dr. W. G. Hardy, Mr. T. Brain (hon. treasurer), Mr. T. F. Spreckley, Mr. A. H. Thompson, Mr. H. Backhouse, Mr. A. Jeffers, the Rev. E. E. Moor (hon. chaplain), Mr. H. Sutton (trustee), Dr. B. W. Nankivell, Mr. F. S. A. Maude, Major Dunman, and the Secretary (Mr. W. J. Meredith).

THE ANNUAL REPORT.

The forty-first annual report read by the Secretary stated that Mr. W. H. Bowles and Mr. H. Sutton had resigned from the Committee, and the names of Messrs. T. F. Spreckley, A. W. Moore, and A. J. Urlwin-Smith were submitted for clection. Appreciation was expressed of the work of Messrs. W. H. Bowles, H. Backhouse, F. S. A. Maude, and A. H. Thompson, with the hon. treasurer (Mr. T. Brain) on the House Committee; of the hon. chaplain (the Rev. E. E. Moor), and of the medical staff and the nursing and domestic staff, special mention being made of the lady superintendent, Miss Banks.

The total number of patients admitted to the home was 107, and included in these were 24 discharged soldiers sent by the War Pensions Committees from London and the provinces, or coming in on their own account.

The table in the report showing the areas from which the patients are drawn showed that they came from twenty different counties, as well as from Bournemouth and London.

The work of the Dispensary was reported as having been carried on satisfactorily, and an acknowledgment was given to the generous help rendered by the ladies of the Household Linen Association.

LOSS OF SUBSCRIBERS.

Among the several friends of the Home who had died during the year were the Dowager Countess Cairns, who, with her late husband, the first Earl Cairns had both been generous supporters of the

institution from its inception; Amy, Lady Tate, Miss Denison (a life governor), Miss Flors Smith, and Mrs. Grey, all liberal contributors to the funds of the home.

A legacy of £3,000 (less duty £300) from the late Mrs. Grey was mentioned as having come at an opportune moment to enable the committee considerably to enlarge their scheme of renewals carried out during the summer vacation.

Prominent among many generous supporters of the Home were the Earl of Dysart (President), and the Mercers' Company. Thanks were tendered to a variety of other funds, chiefly local, and to the various churches for giving collections for the Home.

FINANCES.

As to finance, the report stated that the ordinary income amounted to £2,384, as against £2,166 in 1918, the increase being due to a higher interest on investments and to special payments on behalf of in-patients. In spite of that increase there was a deficit of £463, caused by the higher cost of living and by the cost of renovations and repairs. The need for an increase of subscriptions was obvious, and the committee called upon their friends to further that object.

The balance sheet was read by Mr. Brain, the medical report by Dr. Nankivell, and the report of the Household Linen Association by the Secretary. Mr. Brain explained to the company that subscriptions and donations were down by £100 compared with the previous year, although patients' payments, investments, grants from the Hospital Saturday and Sunday Fund and local congregational collections had improved. Like other institutions, he said, they had to meet an increased expenditure with a reduced subscription list, and as an instance he said that provisions had cost £1,125 last year, or about double what they were previously, whilst a special item during the year for renovations and electric light cost £635.

Some of the figures quoted by Dr. Nankivell as to the Dispensary showed that 116 out-patients were on the list when the Dispensary opened that year, there

were 231 new patients, making a total of 347, who had made 2,957 attendances.

THE CHAIRMAN'S APPEAL.

In proposing the adoption of the reports and balance sheet, the Chairman spoke of the splendid work the Home was doing, of which they had every reason to be proud. He went on to refer to the national usefulness of such institutions in combatting tuberculosis and appealed for every subscriber to get another subscriber, so that the institution could be kept going under the existing difficult circumstances.

Dr. Hardy seconded, and referred to the need of after-care colonies for tuberculosis patients, speaking in favour of municipal effort in this direction rather than national.

The reports, etc., were adopted, and the Earl of Dysart was re-elected President. The committee was also re-elected with the addition of the three names mentioned in the report.

The meeting concluded with votes of thanks to all.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE B.H.S. met on March 4th at the Hospital. The President took the chair and made a preliminary statement regarding the position and prospects of the Society and the need of effort to maintain its efficiency. Dr. Burford spoke of the plans of the International Council. Details of these will be found elsewhere in this issue.

Dr. T. Miller Neatby read a valuable paper on cases of Morbus Cordis, which was briefly discussed by Dr. Wheeler, Dr. Weir and the President; and Mr. Dudley Wright read a paper on Influenzal Disorders of Nose and Ear and Throat. This proved admirably lucid and informing, and Dr. Green and Dr. Cunningham spoke on it. The Dinner Club met at the Russell Hotel.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH FEB. TO 15TH MARCH, 1920.

GENERAL FUND.

<i>Subscriptions.</i>					£	s.	d.
Dr. A. Spiers Alexander	..	..	..	..	1	1	0
Miss A. P. Fowler	..	..	..	..	1	1	0
W. Hood, Esq.	..	..	..	..	10	0	
W. Lewis, Esq.	..	..	..	..	10	0	
E. S. Holmes, Esq.	..	..	..	..	10	6	
C. Charter, Esq.	..	..	..	..	10	6	
Miss Rogers	..	..	..	..	10	0	
Mrs. Strafford	..	..	..	..	1	1	0
E. J. Frost, Esq.	..	..	..	..	2	0	
E. Barnett, Esq.	..	..	..	..	1	1	0
Miss Walters	..	..	..	..	1	1	0
Dr. C. Osmond Bodman	..	..	..	..	1	11	6
Miss Laird	..	..	..	..	1	1	0
Dr. & Mrs. H. Wynne Thomas	..	..	..	..	2	2	0
Mrs. Gresham	..	..	..	..	1	1	0
Dr. C. H. Eccles	..	..	..	..	1	1	0
Messrs. Gilbert & Hall	..	..	..	..	1	1	0
Mrs. Bromley	..	..	..	..	2	6	
Mrs. E. M. White	..	..	..	..	2	6	

SUBSCRIPTIONS AND DONATIONS IN RESPONSE TO
SPECIAL APPEAL, RECEIVED FROM 16TH FEBRUARY TO
15TH MARCH, 1920.

	<i>Subscriptions.</i>			<i>Donations.</i>			<i>Total.</i>		
	£	s.	d.	£	s.	d.	£	s.	d.
Dr. C. E. Wheeler	..	4	4	0			4	4	0
A. D. Snow, Esq.	..	1	1	0			1	1	0
Adrian Boulton, Esq.	..	1	1	0			1	1	0
John Churchill, Esq.	..	1	1	0			1	1	0
Mrs. Matthews	..	1	1	0			1	1	0
Dr. D. M. Borland	..	1	1	0			1	1	0
W. Hood, Esq.	..			1	10	0	1	10	0
Miss Rogers	..			1	0	0	1	0	0
Dr. David Kyle	..	1	1	0			1	1	0
R. C. Creig, Esq.	..	1	1	0			1	1	0
	£11	11	0	£2	10	0	£14	1	0

THE NATIONAL HOMŒOPATHIC FUND.

<i>Subscriptions.</i>						£	s.	d.
Mrs. Oliver	..	..	..	..	..	2	2	0
Dudley d'A. Wright, Esq., F.R.C.S.	..	..	..	..	..	2	2	0
Mrs. E. A. White	..	..	..	..	..	1	1	0
Miss Maud Hook	..	..	..	..	..	1	1	0
Mrs. German	..	..	..	..	..	1	1	0
John Smith, Esq.	..	..	..	..	..	1	1	0
J. C. Weston, Esq.	..	..	..	..	..	1	1	0
F. Sellars, Esq.	..	..	..	..	..	1	1	0
<i>Donations.</i>								
Dr. H. Henderson Patrick	..	..	..	..	..	5	5	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday, 17th March, at 4.30 p.m.

The distribution of Dr. C. E. Wheeler's "Introduction to the Principles and Practice of Homœopathy" among physicians of the old school (as described in the February number, p. 65) continues, with much appreciation and support from the many members of the British Homœopathic Society who have co-operated with the Association in this special method of circulation.

Arrangements are being made for the early resumption of lectures, to be delivered under the aegis of the Association, both in London and in provincial centres, towards which special activity the Committee received from Mr. James Stuart a generous gift of fifty guineas.

The Committee have received a warm acknowledgment from Dr. Neatby of the Association's donation of fifty pounds which they voted towards the "President's Reconstruction Fund" of the British Homœopathic Society.

The Annual Report of the Association, for presentation 1920, is being compiled, and will be circulated among members, subscribers and donors of the British Homœopathic Association prior to the Annual Meeting, which it is hoped to arrange for a date towards the end of May.

REVIEW.

BOOK REVIEW FROM "THE NEW AGE."*

VIEWS AND REVIEWS.

An Introduction, &c., &c., by DR. C. E. WHEELER.

Homœopathic Philosophy, &c., &c., by JOHN WEIR.

To those who, like myself, have received benefit from homœopathic treatment (although a military doctor told me: "That's no treatment at all. You can say you've had no treatment"), the appearance of this volume is welcome. But it is primarily addressed to medical men, and is intended "to supply some means of understanding the principle underlying homœopathy, and also some means of testing its validity by practical experiment." The publication of the book is "the direct undertaking of the British Homœopathic Association," and it is therefore an authoritative exposition of homœopathic principles and practice. It is divided into two parts; the first dealing with the principles of homœopathy, the second, with the homœopathic materia medica. The drugs dealt with in this volume are Aconite, Actœa rac., Antimony, Apis, Arsenicum, Baptisia, Belladonna, Bryonia, Calcarea carb., Chamomilla, China, Ferrum, Gelsemium, Ignatia, Ipecacuanha, Kali carb., Lachesis, Lycopodium, Manganum, Mercury, Natrum mur., Nux Vomica, Phosphorus, Platinum, Pulsatilla, Rhus tox., Sepia, Silica, Sulphur, Thuja, Veratrum alb.; and it is stated that "there is enough material in this present book to enable clinical tests to be made in sufficient number and variety to form a reasonable basis for an opinion as to the truth or otherwise of the claims of Homœopathy." A second volume is projected, which will include a number of studies of other drugs; and with the two volumes, it will be possible for the physician to deal with nearly all emergencies homœopathically, we are

* It is supposed to be salutary "to see ourselves as others see us," and homœopaths have seldom any choice in this regard but that between being seen as knaves or fools. Hence the pleasure with which we reprint from *The New Age* (most stimulating and inspiring of weekly journals) a notice which will, we hope, be as interesting to our readers as it is encouraging to the authors reviewed.

told. It is with the hope that some of the medical men who read *The New Age*, may be induced to enlarge their possibilities of usefulness to the human race that I bring this book to their notice.

That Homœopathy is based on a simple observation of fact that is certainly as old as Hippocrates, and is confirmed by orthodox medical practice to-day, most medical men are, or ought to be aware. That certain drugs can remove, in the sick, the very symptoms that they can produce in the healthy, was observed by Hippocrates, but he made no practical use of the observation. It was not until the eighteenth century (which produced three men, Hahnemann, Gall, and Mesmer, who enormously increased the sum of man's knowledge of and power over himself) that the observation was enlarged into an experimental procedure, which finally issued in the rule of practice, *Similia similibus curantur*. When Hahnemann discovered that Cinchona bark, the great remedy for ague, produced in his own healthy body the chief symptoms (and some of the lesser ones) of ague, he devoted the rest of his life to direct experiment with drugs, and to research into past records to discover accidental confirmations of the likelihood of cures by "similar" remedies. As in addition to his native German, he knew English (he was translating Cullen's *Materia Medica* when he discovered the famous cinchona bark), French, Italian, Greek, Latin, Hebrew, Arabic, and Spanish, and had been engaged for years in translating medical works, his researches were extensive and successful. But he learned most, of course, from his direct experiments with drugs; and it cannot too often be repeated that homœopathy was based on experiment. "Heresy" it may be, but it is a heresy based on demonstrable facts, confirmed by independent research and by general medical practice.

Homœopathy is primarily the prescription as a remedy of a drug that will produce the same symptoms in the healthy; it matters nothing whether the prescription is given with knowledge, or in ignorance, of its effects on the healthy; wherever a *simillimum* is prescribed, there Homœopathy is practised. The

prescription of quinine for ague, mercury for syphilis, cantharides for nephritis, opium for constipation, emetine for dysentery (the late Dr. Dyce Brown collected from general medical practice some seventy examples of such homœopathising) all these are applications of the homœopathic principle; Vaccine-therapy is a most obvious instance of the application of the homœopathic principle; and it is obvious enough that a rule so often confirmed, consciously and unconsciously, has some validity.

The homœopathic materia medica is based, primarily and chiefly, on the deliberate, systematic testing of medicines on the healthy. I think it was Plato who demanded that a doctor should have personal knowledge of every disease; and the homœopathic provers of drugs obey not only that but the Christian injunction: "Physician, heal thyself." The symptom-complexes described in the materia medica in this book show that they learn in suffering what they teach in science; there is no "try-it-on-a-dog, sir" cowardice in a homœopathic "prover." But in additoin to this source of knowledge is the knowledge derived from poisoning by drugs, accidental and intentional. Here are revealed the gross effect of massive doses, and the morbid tissue anatomy produced by these drugs in these quantities. Drug experiments on animals have a value only as hints of possible action to homœopathists; although the veterinary practitioner, of course, finds them of special value. But after Mark Twain's experience with the vet. who wanted to convert his complaint into blind staggers before he could do anything for him, few human beings will go to a vet. when they are ill. It is the effect of drugs on human beings that it is most necessary for the physician to know. (Voltaire's gibe about pouring drugs about which you know little into a body of which you know less, still has point), and the homœopath derives his knowledge from both the quick and the dead. It is admitted that this knowledge, although extensive and precise, is not complete; but homœopathy lives by experiment, and not until man becomes fixed and unalterable in constitution and reaction will the

necessity for continual experiment be relieved. The clinical experience confirms the provings, when the law of similars is admitted.

Of the infinitesimal dose (which is all that the general public knows of homœopathy), it need only be said that it recommends itself in practice to the physician. Just as, in antiseptic surgery, Lister first applied crude carbolic to the wound, and developed his dressing until, at last, he kept the carbolic as far away from the wound as possible, so, in the hands of the homœopath in certain cases, physic seems to become physics and finally metaphysics. When Dr. Wheeler talks casually about the 60th or the 200th potency (the mathematics of such dosage staggers), he is definitely talking magic ; which must not be confused with sorcery for " magic is wisdom," said Paracelsus, " and there is no wisdom in sorcery." The fact that his magic is scientific does not alter its magical appearance ; Arndt's law, which may be simply stated as Dr. Wheeler puts it, that small stimuli encourage life activity, medium to strong stimuli tend to impede it, very strong stimuli destroy it, confirms what the homœopaths since Hahnemann have practised. But homœopathy is not limited to the infinitesimal dose ; homœopaths even prescribe massive doses in some cases, and their dosology ranges from the infinitesimal to the massive, from the tincture to the potency—and the less you have of a drug, the less you want of it, and the longer it lasts you. Just as radio-activity will persist indefinitely wherever an emanation of a radio-active substance has been, so it seems that something that was once acquainted with a distant relative of a drug continues to tell the organism how to behave itself. " Each material thing has its celestial side," said Emerson ; and when Dr. Wheeler talks about potencies and their effects, I can hear the voice of an organic conscience reviving constitutional memories of the golden age of vital processes. The " infinitesimal " seems to be a key to the Infinite, and I recommend it to the notice of philosophers as well as of medical practitioners.

But it is in prescription that homœopathy becomes an art. Dr. Wheeler admits that the discovery of the

simillimum is sometimes difficult (which might be expected from the fact that no two human beings are exactly alike), and it is not made less difficult by the fact that homœopaths do not treat diseases but patients. It is not merely that the homœopath prescribes the simillimum to the symptom complex presented, and varies the prescription as the symptom-complex varies; the homœopath individualises, prescribes for idiosyncrasy, as Dr. Weir puts it. "All that medicine can do curatively is to stimulate the patient's curative re-action," he says; "it is the ego behind the drug-disease picture that has to be reckoned with." And when the choice of a drug may be determined by the difference between two, or more, kinds of anger, for example, in the patient, diagnosis must at least be carefully made. The very exactness of knowledge of the effect of drugs possessed by the homœopaths (and the "provings" given in this volume are bewildering in the complexity and range of their re-actions) compels them to be very patient and painstaking in their diagnosis; there is no "universal specific," no "sovereign remedy," although, of course, there are enough general resemblances among cases to allow of a general classification, and to indicate a class of remedies. The physician who simply prescribed baptisia for influenza, for example, would certainly be prescribing homœopathically, but not necessarily living up to the best traditions of homœopathic practice. A routine remedy, even if based on the homœopathic principle, is something that once was homœopathy; it may apply to a disease, but not necessarily to that particular human being.

Finally, it may be said that homœopathy asks the physician to discard nothing except what is proved to be useless, or misleading. "It is a branch of therapeutics," says Dr. Wheeler, "a specialism if the name be preferred; and the study of it is an addition to the resources of the physician, not an impediment to the use of any other treatment justifiably prized. The value and need of surgery, the refinement of diagnosis, the study of pathology, the application of diet and exercises and physical stimuli, all that the years have

given of worth, are as much the prized possession of the believer in homœopathy as of his unbelieving colleague. Even with regard to other uses of drugs than their homœopathic application, the homœopathist is free to employ any that he requires." But it offers a rule of prescription that seems to be valid wherever it is tested, a materia medica that has the authority of direct experiment on human beings, and the technique that, however strange it may seem ("the single drug, the single dose, the initial aggravation, non-interference with the re-action, potentisation"), justifies itself apparently in proportion to the physician's adherence to it.

A. E. R.

OBITUARY.

DR. HORACE SANDERS.

WE much regret to have to record the sudden death on March 6th of Dr. Horace Sanders. The times of war laid a heavy personal burden on him as on so many, and the tireless and generous help which he then gave to his colleagues, in addition to his personal griefs, undoubtedly shortened a life which might have looked forward to years of full activity. He will be much missed and long and kindly remembered.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

DEAR SIR,—Would it be possible, through your papers, to reach the homœopathic chemists of the West End of London with the suggestion that they should arrange amongst them to have someone or other of them on duty at all times. This (Saturday) evening about 7.15 p.m. I telephoned all the homœopathic pharmacies I know of in the vicinity for a patient unexpectedly and urgently requiring medicine, but I failed to get any

reply from any one of them. The same has often happened to me before on a Sunday.

It is doubtless, unnecessary for them all to remain open always, but it certainly is a drawback, and might bring disaster, that nowhere (as I believe) in the medical centre of this great metropolis, can the dispensing of emergency homœopathic prescriptions be relied on.

Yours obediently,
EDWIN A. NEATBY.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR, The article, or reference, on page 3 of "THE HOMŒOPATHIC WORLD," January 1st, 1920, on "Aconite in Influenza," so completely confirms my own experience during the big epidemic we had here some time ago, that I feel I must drop you a line with reference to it.

Baptisia seemed to be very little use, strange to say, but Aconite, 3x was the favourite potency, worked wonders. Bryonia was also very useful. There was perhaps too much "fear of death" about it all—people dying like flies almost—to make that a prominent indication, and yet perhaps it was so. I had the complaint very early and returned to work after 48 hours, which I suffered for; but sips of Acon. 3x in water rolled back the trouble as it attacked me again and again, and I worked through that fearful strain as I hope never to do again. I soon noticed that practically all who got Acon. recovered in a marvellous fashion, and some very far gone too. We were, of course, prescribing and dashing out physic from early till late, and had no time, or ability to *think* at all. No "taking the case" in those days; nor were "symptoms" obtainable in many cases.

What about Gelsem in this new form of epidemic, encephalitis, etc.? If the "HOMŒOPATHIC WORLD" would give us a few hints in these times it would be a great thing for those of us not in touch with a medical man (homœopathic), and there are many good workers in this country, keen homœopaths, far away from

medical men of either sort. If you can extract anything in brief from this for the "WORLD" I shall be glad.

I am, Sir,
65, Main Street, Yours faithfully
Mowbray, Capetown. GEORGE F. TUTT.
February 2nd, 1920.

P.S.—I am perhaps the principal worker as a homœopathic chemist in this country. Biochemistry is popular, and some did *great* work with Fer. Phos. and Nat. Sulph. The only remedy I fancied myself was *Iris Versic 3x*!! It did well.

(Note.—In the lethargic form of the disease we should be inclined to think of Baptisia, Bryonia, Gelsemium, Arsenicum and Nux Moschata, but as far as possible each case should be taken on its merits.—ED. H. W.)

VARIETIES.

ANTISCOURBUTIC VALUES OF MILK.—Barnes and Hume experimented on guinea-pigs and apes, and found that raw cow's milk is not specially antiscorbutic. Dried milk was found to be greatly inferior in its protective value. Scalded milk, while less satisfactory than fresh milk, was distinctly superior to dried milk. Winter milk was also found to be slightly inferior to summer milk in its antoscorbutic property. These experiments are interesting in view of the fact that medical officers of health are recommending very largely dried milk for infant feeding.—DR. BURNETT (*Prescriber*).

MEAT DIET IN JAUNDICE.—Chevallier finds that with a meat diet convalescence from jaundice is materially hastened. He recommends vegetable bouillon, one litre per day. It is made by combining potatoes and carrots, of each 60 gm., turnips 20 gm., dried peas, dried beans, and lentils, of each about 20 gm., and water 1.5 litre. This mixture should be heated to boiling for 4 to 6 hours in an earthen vessel and then strained. Water is then added to one liter and salt. Later the patient may have a little broiled or pounded red meat. Bread should be small in amount, and always toasted. The value of meat in cases of jaundice is said to be due especially to the myosin which it contains. The meat maintains the urea-producing function of the liver, and stimulates the bile acid secretion.—DR. BURNETT (*Prescriber*).

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

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| <p>Barling and Morrison. A Manual of War Surgery. With an Introduction by Major-Gen. Sir George H. Makins. 8vo, pp. 495. n. 21s.</p> <p>Cameron (S. J.) A Manual of Gynæcology. 2nd edition, revised. Royal 8vo. n. 25s.</p> <p>Cunningham's Manual of Practical Anatomy. Vol. I. Revised and edited by A. Robinson. 7th edition. Cr. 8vo. pp. 451.</p> <p>Davis (W. Clyde). Essentials of Operative Dentistry. 3rd edition. 8vo. n. 21s.</p> <p>Encyclopædia Medica. 2nd edition. Under the General Editorship of J. W. Ballantyne. Vol. VI.—Heat Fever to Intertrigo. Royal 8vo, pp. 666. n. 25s.</p> | <p>Findlay (Leonard). Syphilis in Childhood. Cr. 8vo, pp. 166. n. 8s. 6d.</p> <p>Jack (William R.) Wheeler's Handbook of Medicine. 6th edition. Cr. 8vo, pp. 573. n. 12s.</p> <p>Midwife's Pocket Book (The). With which is incorporated the Midwife's Pocket Encyclopædia. 7th edition. 18mo, pp. 188. n. 1s. 3d.</p> <p>Pharmaceutical Pocket Book for Practitioners and Students (The). 9th edition. 18mo, pp. 360. n. 3s. 6d.</p> <p>Pope (Amy E.). Pope's Manual of Nursing Procedure. Cr. 8vo, pp. 607. n. 10s.</p> <p>Sutton (R. L.) Diseases of the Skin. 3rd edition. Royal 8vo. n. 42s.</p> |
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By **CHARLES E. WHEELER. M.D., B.S., B.Sc. (Lond.).**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Burford, London—Dr. E. A. Neatby, London—Dr. R. Day, London—Dr. Ray, Calcutta—Mr. Knight, Ilchester.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homœopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Respiratory Therapeutics, Cartier.

The Homœopathic World.

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ENCOURAGEMENT.

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ORIGINAL COMMUNICATIONS:

Further Verifications of Symptoms of the Proving of Radium Bromid. By William H. Dieffenbach, M.D., New York City.
General Drug Disorders Occurring in the Morning. By the late Dr. Leopold Salzer, M.D.
Affiliation of Nurses with the London Homœopathic Hospital. By Major Attwood.

SOCIETY'S MEETINGS:

British Homœopathic Society.
The British Homœopathic Association. (Incorporated).

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

Receipts from 16th January to 15th February, 1920.

EXTRACT:

The Fees of our Ancestors. By Sir D'Arcy Power, K.B.E., F.R.C.S. Eng.

Correspondence.

Medical and Surgical Works.

To Contributors and Correspondents.

April 1, 1920.]

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THE HOMŒOPATHIC WORLD.

MAY 1, 1920.

INTERNATIONAL HOMŒOPATHY.

WE make no apology for returning here to the subject of International Homœopathy, although something was said of it in our last issue. The exigencies of the times demand that those who think of going to the meeting at the Hague (and we hope that they are numerous) must decide before the end of the month so that due arrangements can be made for them. Our Dutch colleagues prophesy a crowded town in August and there will be little hope of finding room for those who have not booked their places early.

We, therefore, entreat our colleagues not only to think of going but to decide to go, and give in their names now. The whole business of the meeting and the coming and going can be easily compassed in a week and the effort will be amply rewarded not only by the interest and information gained, but by the consciousness of a good deed done for Homœopathy. It is certain that Homœopathy will need united efforts to get satisfactorily back to its pre-war status, that International meetings will promote united effort only if well attended, and last that Britain ought to play a due share in helping forward the work. But Britain means in effect British physicians, and each individual must realise that a share of the duty of Internationalism lies on him personally. We expect a goodly number of our colleagues from America and we need a good number of our own to co-operate with them. Homœopathic Internationalism is and must be the

creation of all the nations, but its present activity owes more to one English physician than to any other single force. Let us give him that support which he has indeed well deserved.

THE MEASURE OF FOOD VALUES.—H. D. Chaplin points out that the calorie method of feeding is based on the assumption that nutrition processes depend solely on the oxidation of food, and that the heat given off as the result of this oxidation is the sole measure of the value of the food. It comes about that, as a rule, the physician refers to a table of calorie values from which a diet is drawn up by an arithmetical process, and the physician probably supposes that, if the calorie count is correct, the food problem in any given case has been properly solved. Nutrition, however, is not a simple oxidation process. Numerous experiments have proved that the number of calories a food yields on oxidation is not at all an indication of its nutritive value. We must recognise the fact that the animal body is not merely a furnace in which food is burned, but that a long series of chemical changes in the food takes place. Hence practical results often fail to be obtained with foods valued only by their oxidation properties. Heat or energy may be produced by chemical cleavage as well as by oxidation. Therefore, heat measurement alone is not a safe guide for the calculation of food values. Some form of biological testing of foods must be elaborated if an always reliable gauge of nutrition is to be established.—DR. BURNET (*Prescriber*).

FAT STARVATION AS A CAUSE OF RICKETS.—As pointed out by H. S. Hutchison, it is possible that though the supply of fat is adequate, the rachitic infant may not be able to absorb what is ingested, and that a fat starvation is really present. He carried out a series of experiments, and found that there is not evidence of defective absorption of fat in rickets, as proved by the degree of splitting fat in the fæces. With regard to fat output and weight of fæces, he found that the weight of the dry fæces was on an average 11.5 gm., and the average output of fat was 3.91 gm. in rickets, whereas in health these weights were respectively 9.9 gm. and 3.3 gm. Further, he points out that a true defective absorption of fat reveals itself in an increase of the percentage of fat in the dry fæces. The average percentage of fat in the dry fæces was 31.6 in a healthy series of children. In rickets the average percentage was 34.8, so that in rickets there was no true defective absorption of fat. He gives the figures to prove that the more fat that is given, the more will the rachitic child absorb, which again shows that there cannot be any defective absorption of fat in this disease. He concludes, therefore, that in rickets there is no fat starvation.—DR. BURNET (*Prescriber*).

NEWS AND NOTES.

A MISSIONARY'S REPORT.

WE owe to the kindness of Dr. Tyler the opportunity to print news from an ex-pupil of the London Missionary School of Medicine now working in Nigeria. She quotes a number of cases, among them that of a woman unable to nurse her children for lack of milk, whose difficulty was entirely remedied by Pulsatilla, and a case of an old woman wasting away with alternate diarrhœa and constipation, probably due to a chronic disorder of the lower bowel, cured by Hydrastis. The London Missionary School of Medicine needs no justifying in these pages, but the above is a simple example of the power for good which it puts in the hands of its pupils.

B. H. S.

SPECIAL MEETING.

THE Council are arranging for a Scientific Cinema Exhibition for May 20th, at 8 o'clock, and hope members will specially keep this evening free, and will invite their medical acquaintances.

SOCIÉTÉ DE THÉRAPEUTIQUE DE PARIS.

AT a recent meeting of this Society, Dr. G. Rosenthal read a note on the "Dangers of Autoserotherapy," which Dr. V. Cordier had emphasised at the last meeting. He stated that these could be avoided by not reinoculating the fluid until it had been filtered. Five to ten c.cm. of the fluid diluted with an equal quantity of isotonic serum were poured into a sterile tube and then filtered through a Chamberland filter before use.—In a communication on Cystalgia following the consumption of Cress, Dr. H. Leclerc reported several cases, including that of himself, in which consumption of large quantities of cress had given rise to dysuria and vesical spasm, and in one instance to priapism. Examination of the urine showed no

characteristic changes. In only one case did the sediment reveal an abnormal amount of epithelial desquamation. The symptoms, moreover, were of such short duration that they were apparently due to a transient irritation of the vesical mucus membrane and not to actual cystitis. Chemical analysis of the cress showed the presence of iron, iodine, and a sulpho-nitrogenous essence, to the irritating properties of which the symptoms were probably due. The proof of this supposition appeared to be furnished by the fact that cooked cress, in which the essence did not exist, did not give rise to any symptoms. Dr. Leclerc had not been able to find any description of these properties of cress in medical literature, but a passage in the "Thesmophoriazusæ of Aristophanes" showed that they were well-known to the ancient Greeks.— Dr. L. Rénon read a paper on the "Alimentary and Therapeutical Value of Fenugreek Seeds, which he said had been employed in popular medicine from the earliest antiquity, and were still used in Egypt and Northern Africa at the present day for giving embonpoint to young women before marriage and fattening emaciated persons. Recent investigations had shown that these seeds contained most important nutritive elements. They were very rich in nitrogen and phosphorus, and contained globulin, phytin, and nucleoalbumin in considerable quantities. Unfortunately, besides an unpleasant taste, they possessed very disagreeable odour, which impregnated the organism and became diffused in the urine and sweat. Rénon and Hénissey had been able to remedy this drawback by lixiviating the powdered seeds in ninety degrees alcohol at the ordinary temperature. The powder so treated lost almost entirely its disagreeable odour and taste, and could be used for alimentary and therapeutical purposes. Dr. Rénon had recently employed it in doses of eight to ten grains daily in the treatment of convalescents from influenza.—In a note on the "Chemotherapy of Morphinism," Dr. A. Brissemoret and Dr. Challamel advocated the use of berberine, associated with helenine as a demorphinisation cure. The combination of these two drugs, which

presented the great advantage of being perfectly harmless, non-toxic products, afforded the patient a relief comparable to that conferred by morphia, and removing the distressing symptoms caused by the deprivation of the drug.—Dr. H. Forestier read a paper on "Intravenous Injection of Colloidal Sulphur in Chronic Rheumatism," with a record of six illustrative cases.—*Lancet*.

B.H.S. GOLF.

The following is the draw for the Tournament, 1920.

1	Bye	J. Weir			
2	Bye	J. Watson	}		
3	Bye	J. B. Cavanagh	}		
4	Bye	A. Bird	}		
5	Bye	W. C. Pritchard	}		
6	Bye	Byres Moir	}		
7	Bye	J. Eadie	}		
8	Bye	T. E. Lawson	}		
9	E. Cronin				
10	J. Johnstone	}			
11	J. Powell	}			
12	E. Capper	}			
13	N. Grace	}			
14	Hall Smith	}			
15	Bye	Wynne Thomas	}		
16	Bye	H. Mason	}		
17	Bye	C. Wheeler	}		
18	Bye	C. J. Greig	}		
19	Bye	A. D. MacGowan	}		

First round to be completed by May 31st.

Second round to be completed by June 30th.

Third round to be completed by July 31st.

Final round to be completed by September 30th.

H.W.T.

RULES FOR GOLF TOURNAMENT.

Entrance Fee, 2s. 6d.

Members to arrange themselves where match shall be played. The first drawn to approach his opponent.

Members shall play on their lowest handicap at time of match.

Handicap limit 24, a player having no handicap to play as 18.

A member playing on his own links to concede 1 *bisque* (a stroke to be taken at any time during the match).

The holder of the cup to lose one stroke from his handicap.

The final to be played on a neutral course, 36 holes.

The result of a match, together with the score, to be at once posted to the Hon. Secretary.

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Bromley, Kent.

A CONTRIBUTION TO THE CHEMISTRY OF VITAMINES.

AN interesting paper on "The Preparation of a Stable Vitamine Product and its Value in Nutrition," read before the Division of Biological Chemistry at the Fall meeting of the American Chemical Society, Philadelphia, appears in the February number of the *American Journal of the Medical Sciences*. The authors, H. E. Dubin, Ph. D., and M. J. Lewi, M.D., prepared a vitamine product "V" from corn, autolysed yeast, and orange-juice materials which assured the presence of all three vitamins—anti-neuritic, antirachitic, and anti-scorbutic. The combined materials or extracts were dried in vacuo at 40° C., a temperature which leaves the accessory factors unimpaired. A tentative analysis of the product obtained showed the following chief constituents: Calcium (CaO) 10 per cent.; phosphorus, 15 per cent.; nitrogen, 3.5 per cent.; fat, 2.5 per cent.; iron, 0.3 per cent.; silicates, 5.6 per cent.; moisture, 10 per cent., the remainder being made up of the rest of the phytin molecule—of which, according to these authors, the vitamine preparation is chiefly constituted—which is a double calcium and magnesium salt

ORIGINAL COMMUNICATION.

DELAYED ARSENICAL POISONING :

A Report on Fifty-eight Cases following the Administration of "606" Preparations.

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DURING the past eighteen months there have been numerous reports of cases of poisoning following the administration of "606" preparations. These reports have described only single, or at most a few, cases. We have had the opportunity of seeing a large number of such cases, and the purpose of this paper is to draw attention to their prevalence and the variety of symptoms which may occur. The series reported below were all seen in military hospitals, but during the last four months several additional cases have come under our observation in civil practice.

The idea that syphilis should be treated in its early stages by free administration of salvarsan or neo-salvarsan was supported by the results of this treatment, as shown in the rapid disappearance of symptoms, the freedom from relapses, and the negative reactions readily obtained to the Wassermann test. This led the army medical authorities to adopt the "intensive treatment"—*i.e.*, doses of salvarsan and mercury, administered once a week for seven or eight weeks, followed by a further course a few months later, and, if the Wassermann test was subsequently positive a third course. It was recommended that the doses of salvarsan should be small at first, until the degree of the patient's susceptibility to arsenic was found. One-grain doses of mercury were advised. Instructions were issued that a physical examination, including tests

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for albuminuria, should be made before and after each treatment. Medical officers were warned to watch carefully for signs of arsenical and mercurial poisoning. Once a patient was considered non-infective he was sent to his lines or barracks, and the treatment continued at the Venereal Disease Treatment Centre of his district. By this method a patient received efficient treatment with a minimum loss of time from his duties. The day after a treatment he was excused duty or given light duty, but by the third or fourth day he was usually at full duty again. This plan worked successfully until the autumn of 1917, when several deaths occurred of men who had received treatment in the preceding three months. This led to an immediate and thorough investigation by the army medical authorities in England, and it was found that nearly all fatal cases had been treated in one of five centres.

Investigation of these centres showed that instructions had not been carefully followed, that in some cases patients had received repeated doses after symptoms of arsenical poisoning appeared, and that a proper urinary and physical examination had been omitted before giving these treatments.

In January and February, 1918, Captain Smith observed several fatal cases at No. 14 Canadian General Hospital, and reported them at a meeting of the Eastbourne Military Medical Society. Lieutenant-Colonel Strathy took charge of the medical division of this hospital in March, 1918, and together they observed eight fatal cases. Following on these, the remaining fifty cases of the series came under our observation. The military authorities transferred Colonel Strathy to No. 16 Canadian General Hospital in August, 1918, thus leaving Captain Smith to carry on this work at No. 14 Canadian General Hospital. Influenzal pneumonia caused the death of Captain Smith in October, 1918, and unfortunately, most of his records were lost, so that some of the earlier cases can be only incompletely recorded.

It is regretted that, owing to service conditions, we were unable to follow all cases as long as could be desired. The pressure of work in 1918 and 1919 made

it impossible to investigate the cases as thoroughly as we would wish. Colonel Strathy was ordered back to Canada in June, 1919, leaving further observation of the cases to Captain Hannah. The assistance of Captain C. V. Bailey was obtained towards the end of the investigation to study the liver changes from the chemical aspect. It is hoped that he may be able to add further information about the cases in the near future. The delay in publishing this paper is partly due to the fact that the Salvarsan Committee of the Medical Research Committee, England, had all our clinical data from June to September, 1919, for the purpose of including them in their report on salvarsan poisoning.

Fifty-eight cases are here reported. Eight of these were fatal, being the first of the series to come under observation. The remaining fifty cases made a slow but otherwise satisfactory convalescence.

Symptomatology.

Eight cases were sudden in onset and extremely severe and died within a few days. The remaining patients varied in the degree of their severity, but the onset was more gradual, and all left the hospital almost fully recovered. Therefore we have divided the series as follows: I. Fatal cases; II. Non-fatal cases.

Group I. Fatal cases.—In these cases the greatest number of doses of salvarsan given was 11, the least 4. The greatest amount of salvarsan administered, where it was possible to obtain records, was 6.95 g., the least amount 2.2 g. The average time of onset of symptoms after the last dose was forty-one days, the longest interval forty-eight days, the shortest eighteen days. One patient was under twenty years of age, four between twenty and thirty, and three between thirty and forty years of age. The smallest number of days which elapsed between the onset of symptoms and death was two, the greatest eleven, the average five days. The symptoms in every case were similar. The jaundice of onset was rapidly followed by nausea, epigastric pain, stupor, hæmatemesis, delirium, and death. A typical case is here reported.

Pte. R., age twenty-one, eighteen months before admission had had a slight sore on his penis. He did not report it and was not treated at the time. He had had five attacks of gonorrhœa in the previous two years. While under treatment for gonorrhœa in November, 1917, his blood was tested and showed a positive Wassermann reaction. In December, 1917, and January, 1918, he was given seven doses (4.7 gr.) of novarsenobillon and seven 1 gr. doses of intramuscular mercury. Following this he was on light duty, but lacked strength and energy. On March 2nd he felt nauseated and chilly. March 3rd he vomited several times. March 5th he noticed he was jaundiced and his vomiting persisted, so that he could not retain solid or liquid food. The vomit became black. He was so weak he could not sit up. March 6th he was admitted to hospital.

On admission, 11 a.m., he was rational, but drowsy. He vomited frequently. The vomitus was black, and looked like hæmolysed blood. There were no clots. The tongue was furred and the breath foul. His face was cyanosed. Breathing somewhat stertorous. Temperature 98.3° F.; pulse ninety-nine; respiration thirty-two. Abdomen slightly distended. Liver palpable just below costal margin. Spleen appeared large on percussion, but was not palpable, probably on account of abdominal distention. Examination of heart and lungs negative. Gonococci present in urethral smear. Leucocyte count, 34,000 per c.mm. Differential count: Polymorphs, eighty per cent.; lymphocytes, sixteen per cent.; large mononuclears, four per cent. Urine: amber colour, acid, specific gravity 1020, sugar absent, albumin present ++; microscopically, pus cells and red blood cells; no casts. During the day he vomited more than a quart of the black material and some bright red blood. His pulse became weaker, the cyanosis was more marked, but he remained conscious until a few minutes before death, which occurred at 9 p.m.

Death in all cases but one followed rapidly. Four of the patients were wildly delirious. In the case of the patient who lived for eleven days after admission,

drowsiness came on gradually and slowly deepened until death. In all cases tested the urine contained bile, and in nearly all cases albumen as well. The blood picture was not characteristic. The hæmoglobin and red cells were not much reduced. The leucocytes varied in number from 14,000 to 34,000 per c.mm., and the polymorphonuclear leucocytes from fifty per cent. to eighty per cent.

(To be continued.)

PERIODIC DRUG DISORDERS.

PAROXYSMAL FEBRILE MOVEMENTS—*(Continued)*.

Directly after the chill comes a flying heat and pricking in the skin, rapidly followed by perspiration, which at times is profuse, and lasting even from twelve to twenty-four hours : Gels.

After one to several hours, chilliness subsides, general heat supervenes, mostly about the head and face with full pulse, from 80 to 100 : Gels.

Want of life, like an internal coldness ; heat almost constantly alternating with chilliness, pale looks with blue rings around the eyes ; with dread of heat in the cold and dread of cold in the heat : Sulph.

Frequent recurring fits of shuddering, passing off quickly without immediate heat or thirst afterwards. Sometime afterwards sudden heat especially in the face ; feels as if hot breath came out of his nose. The fits of shuddering recur eight or ten times ; paroxysms of heat less frequent but longer lasting : Sabad.

Alternation of burning internal heat and cold feeling externally : Sabad.

Alternate chilliness and heat with great redness and heat of the face ; : Lycopod.

Chilliness internally, with heat of the face and burning sensation in the cheeks : Merc sol.

Alternate chilliness and heat, the latter with photophobia : Hep sulph.

In frequent paroxysms (commencing early in the morning), bitter taste in the mouth, then chill with

thirst, then much heat with interrupted sleep : Hep sulph.

Frequent attacks of fever, followed by chill and heat with bloated red face and thirst during the chill and the heat ; the intervals, when there is no febrile movement, last about half an hour : Ammon mur.

Several attacks of fever with thirst, coldness in the hands and feet, followed by heat of the pale face and especially heat of the hands and feet with cutting colic : Cina.

Fever for several days, more constant when not in bed, chilliness over the whole body without thirst ; cold hands with internal burning heat and dullness of the head, great sleepiness, heaviness and weakness of the feet and stiffness of the hollow of the knees ; after lying down in bed, immediate heat and perspiration all over, also without thirst : Hell nig.

Always either chilly or in a sweat : Caust.

Febrile attacks of chill and sweat throughout the whole day, intermingled with a persistent sensation of heat and redness of the face, alternating with a little thirst : China.

Frequent shaking chills, often with chattering of the teeth, at various times, especially in the open air, lasting an hour ; frequently followed by warm perspiration for a quarter of an hour with a feeling of relief : Merc cor.

Alternation of cold clammy skin with febrile heat : Doryphora.

Chill—hiccup—sweat—hiccup : Ars alb.

Coldness of the body and dryness of the skin alternate with cold sweats : Ars alb.

Alternations of chill and heat, great exhaustion, vertigo, night sweats, fantasies, oppression of the chest with coated tongue, anorexia ; earthy, yellow, sunken face and great prostration : Carlsbad.

Alternation of coldness and heat, followed by profuse sweat : Cyclam.

Sudden alternations of heat and chill ; chills generally followed by general heat and sweat over the whole body, without thirst either in the cold or hot stage (mostly with confusion of the head) : Bellad.

For several days chill and heat, mostly shaking chills followed by general dry heat ; a little sweat only, early in the morning : Ammon carb.

After one to several hours, chilliness subsides, general heat supervenes, mostly about the head and face, with full pulse, from 80 to 100 : Gels. (In most cases perspiration follows the febrile reaction and continues from a few minutes to several hours. Gels.)

Several attacks, in the morning, during the day and especially in the evening ; at first much thirst, then, after some time, shivering lingering heat without thirst, during which he desires to be covered ; at times, transient perspiration : Laches. (These attacks lasted for several weeks and were at last relieved by China.)

After an access of insanity, general chill, severe shaking, horripilation, chattering of the teeth, compressive headache, burning thirst with fear of drinking water after which he craves. After a new attack of insanity, the chill and yawning of the preceding fever repeated : Tarent.

Rigors were among the first symptoms noticed ; chills began in the lumbar region and spread over the whole body, aggravated by the slightest draught of cold air ; coldness of the whole body ; increase of artificial heat produced chilliness ; could not keep warm though sitting beside a hot stove almost constantly : Tarent.

Shivering, horripilation and general shaking, in coldness, yawning, violent thirst, with need of stretching ; compressive headache ; symptoms like the first stage of intermittent, lasting one hour, followed by pain in the heart as if it would jump out of its place ; pain in the left arm followed by muscular weakness, heat and cough ; fever with a scorching heat, intense thirst, pain in the left arm, dryness of the mouth, oppression, panting and dyspnœa : Tarent.

Fever paroxysms begin with chill and heat and end with sweat : Ammon mur.

Unaccountably feverish, first hot then cold : Calc carb.

Burning heat through the whole body, alternating with intense coldness that causes trembling and shaking

and repeats several times; feet constantly cold : Tarent.

Sensation of heat alternating with flushes of chilliness over the whole back : Carlsbad.

Whole surface of the body feels hot and dry with occasional chill, principally up and down the back, (Gels.) as if ague would come on : Bapt.

Frequent paroxysms of fever, consisting of general flushes of heat and frequent recurring chilliness and shivering especially over the face, back, chest and arms) : Merc sol.

Paroxysms of heat with great anxiety as from compression in the chest, without thirst, alternating with a sensation of coldness over the whole body and great prostration : Merc sol.

Chilliness and heat alternating with faintness, nausea, pain in the right temple, redness of the eyeballs, dry and red tongue, and thirst for cold water : Zingiber.

Alternate heat and chill, hot and cold sweat, while a dull, incessant ache pervades the bones and joints : Opium. (The above symptom is taken from a report of Dr. Shearer, as published in the *North China Herald*, 28th June, 1883, concerning opium eaters who try to break the habit. The following is the report in full :— Amongst the first symptoms attendant on breaking off the habit are ; a constant propensity to yawn, gape and stretch together with languor and general uneasiness. Loss of appetite and a sense of constriction or cramp in the stomach come on, the mouth and throat become dry, and there is frequent sneezing. As the hours go on shudders run through the frame with alternating heats and chills, hot and cold sweats, while a dull incessant ache pervades the bones and joints. Then follows a host of indescribable sensations, burning, tingling, twitching, that seem to run immediately underneath the surface of the skin and prompt one to cry out for relief, or strike or clutch the nearest object in one's agony. The brain is excited and irritable and the head aches and throbs as if it would burst. Sleep there is none and one will go for ten or twelve days and nights without, so far as one can judge, a single moment's loss of consciousness. The strength is

reduced to the lowest point and the least exertion induces panting and distress. But this only lasts for a time. Unaided by medicine these symptoms last for twenty or thirty days, gradually abating, and then die away.)

Burning heat, suddenly alternating with chilliness and shuddering at short intervals : Sanguin.

Sudden burning heat of the cheeks, with cold forehead, without thirst : Sabad.

Heat and perspiration at times, alternating with chilliness : Raphan.

Almost uninterrupted heat of the whole body, with redness of the face and sweat of the head and body ; after the heat, chilliness and coldness with deadness of the hands, lasting four days : Sepia.

FLUSHES OF HEAT.

Sudden flushes of heat, red face and cold hands : Euphras.

Flushing heat in the face, with febrile shivering of the body : Sulph.

Sudden and frequent congestion to the head, with anxiety, followed by rigor over the back, often repeated : Acon.

Flushes of heat and cold across the shoulders : Phosph. (Ars. Silic.)

Sudden warmth over the whole body, speedily disappearing, followed by weakness of all the parts : Digit.

Flushes of heat (all over the body) : Iod. With redness of face and fever all over : Olli jeciasel.

Flushes over the whole body, as if perspiration would break out : Ferrum. Glonoin. (Ferrum, like Chloral, has face flushed—but there are no “ flushes ” towards the face ; the flushes are over the whole body, like the flushes of Iod.)

Frequent short attacks of flushes of heat, during the day : Ceba. Clemat. Nitriac. Sanguin. Silic. (Especially in the evening, with slight febrile restlessness and burning heat in the palms. Phosph.)

Sudden dry heat, on every motion and every noise : Bry.

Every quarter of an hour, heat in the face and over the whole body : Ambra gris.

Frequently alternating attacks of general heat, followed by sudden flushes of heat over the whole body : Ignat.

Violent rising of heat to the head, every five minutes : Sepia.

Flushing of the face : Amyl nit. Glon. Baptis. (Chloral would apparently deserve a place among the drugs above mentioned ; but under the action of chloral the face is flushed—there are no flushings.)

Sudden attack of general heat, as if hot water had been dashed upon her, accompanied by sad mood, weeping and despair of life in general : Calc carb. (Spongia.).

Frequent flushes of heat in the head, without subsequent sweat : Magnes carb.

Sudden attacks of heat, while sitting, sometimes with anxiety : Graph.

Flushes of heat over the whole body or some particular part of the body (head, face, down the arms, along the sciatic nerve, from chest or pit of stomach to head, etc.) : Glon.

Frequent rising of heat from the abdomen to the head, with burning in the cheeks : Lycopod.

Orgasm of blood, rising of heat from the chest to the face and head, with heat and redness of the face, especially the cheeks : Tilia.

Great uneasiness and orgasm of blood : Sulph.

Heat as from orgasm of blood, with sensitiveness of the throat : Laches.

The whole side of the body upon which he lies is painful as if ulcerating, with intolerable thirst and frequent flushes of heat in the head : Silic.

After even slight motion of the body, she became weak with orgasm of blood in the chest, the face became hot and the body began to glow, the vessels were hard and distended and her breath left her ; only after resting a long time did she recover : Spongia.

Heat of the stomach and an unpleasant feeling throughout the whole body, as if feverish ; soreness and languidness of the limbs, indigestion, eructation.

Heat in stomach worse before, better after eating : Ferrum.

Several attacks of heat with anxiety daily ; pain in the præcordial region ; weeping and inconsolable, she longed to die on the spot : Spongia. (Calc carb.)

Frequent orgasm of blood, with (at times) violent palpitation, or paroxysms of anxious heat : Phosph. (Thinking very intensely is likely to bring on a sensation of heat, as if dashed with hot water : Phosph.)

Intense heat in the head, and great orgasm of blood : Calc carb.

Frequent rush of blood to the face and painfulness of the whole right half of the body and the lower extremities : Limulus.

Febrile attacks from time to time : Iod. Sulph.

Frequently recurring sensation of heat in the head, with external heat and redness of the face, alternating with paleness : Magnes carb.

Frequently recurring heat of the whole body with great redness of the face : Magnes carb.

General heat alternates with crampy pain in the chest : Lachnan.

Heat of the head alternating with diarrhœa : Bellad. (Merc sol.)

Face at times a little flushed, at times of a livid hue : Glon.

LONDON HOMŒOPATHIC HOSPITAL.
REPORT OF THE 70TH ANNUAL GENERAL
MEETING

OF THE GOVERNORS, SUBSCRIBERS AND DONORS,
IN THE BOARD ROOM OF THE HOSPITAL, ON MONDAY,
MARCH 22ND, 1920.

MAJOR-GENERAL LORD CHEYLESMORE, K.C.M.G.,
K.C.V.O.

(President of the Hospital) in the Chair.

THE Seventieth Annual Meeting of the Governors, Subscribers, and Donors of the Hospital was held in the Board Room of the Hospital, on Monday, March 22nd, under the chairmanship of the President

of the Hospital, Major-General Lord Cheylesmore, K.C.M.G., K.C.V.O. Among those present were Mr. and Mrs. Boake, Mrs. Arthur Breach, Rev. W. L. Broadbent, Mr. and Mrs. E. Clifton Brown, Miss Emily Brown, Dr. G. Burford, Miss Burney, Mr. R. H. Caird, J.P. (Chairman of the Board of Management), Miss Davis, Mrs. Davis, Right Hon. The Earl of Donoughmore, K.P., P.C., the Countess of Donoughmore, the Hon. Miss Eaton, Sister Firth (Assistant Matron), Mrs. Gamble, Dr. Goldsbrough, Miss Harvey, Mr. and Mrs. Kingchurch, Lady Durning Laurence, the Hon. Sybil Legh, Mr. Long, Mrs. C. Lorimore, Mrs. Arnold Lupton, Mr. and Mrs. Lee-Mathews, Mrs. John Mews, Mrs. Mole, Miss Montagu, Mr. E. H. Morton, Dr. and Mrs. E. A. Neatby, Mr. and Mrs. Owst, Mrs. Fellowes Pearson, Sir Robert Perks, Bart., Mr. W. H. Poate (Vice-Chairman) and Mrs. Poate, Dr. Pranterd, Miss C. Robinson, R.R.C. (Matron), Dr. Roth, Mrs. Seward, the Hon. Sir Arthur Lyulph Stanley, K.C.M.G., the Rev. and Mrs. Stork, Miss Sweet, Miss Turner, Dr. Weir, Dr. Wheeler, Mrs. Wicks, Mrs. A. Balfour, Williamson, Mrs. Henry Wood, Mr. Dudley, Wright and Major Edward A. Attwood (Secretary), and a number of subscribers and donors. Letters of regret at non-attendance were received by the Secretary from Sir Ryland Adkins, M.P., Miss Barton, Miss Isabella Barton, the Marquis of Cambridge (Patron), Mrs. Holman (Hon. Secretary of the Ladies' Guild), Mr. John Mews (Vice-Treasurer), Dr. Byres Moir, Lady Perks, C. A. Russell, Esq., K.C., Mr. H. W. Tinné, J.P., Sir George Wyatt Truscott, Bart., Mr. Hawkins-Turner, and Col. J. C. Tyler, R.E.

The meeting was opened by prayer by the Rev. Harry Stork, Chaplain to the Hospital.

The Secretary read the notice convening the meeting, and the minutes of the previous Annual General Meeting on Friday, April 4th, 1919, which having been confirmed, the Secretary (Major Edward A. Attwood) submitted the Seventieth Annual Report of the Board of Management, which was taken as read.

The Earl of Donoughmore, before moving its adoption, said it was with much pleasure that he rose to propose the election of the distinguished gentleman on his left (Major-General Lord Cheylesmore) as President of the Hospital. He had distinguished himself in His Majesty's Forces, and had served His Majesty in various parts of the world, and has been a Homœopath from his birth.

Mr. Dudley d'Auvergne Wright, F.R.C.S., seconded the resolution, and said it was very pleasing to know that Lord Cheylesmore had kindly consented to become the President of the Hospital. There was no doubt that the London Homœopathic Hospital, like other hospitals, was passing through some troublous times, and they needed the wisdom and encouragement and help of all Members of the Board of Management in steering the ship through the storms of the future, and they must congratulate themselves in having as their President one with the ability and the resource of his Lordship. The work of the Board would be relieved by the knowledge that as their President he would be able to help and guide them. The Earl of Donoughmore had said that his Lordship had been connected with Homœopathy since his birth. So also was the Earl of Wemyss and March a Homœopath from a very early age, and he lived to the ripe old age of ninety-six. He hoped their future President would reach his rooth year.

The resolution, being put to the meeting, was carried with acclamation.

Major-General Lord Cheylesmore, K.C.M.G., K.C.V.O., in reply, said he could not tell them how much he appreciated their having elected him as their President. It was quite true that he had been a Homœopath all his life. He was now in his seventy-third year, and he had never taken anything but a Homœopathic dose of medicine. He was greatly indebted to the Hospital, especially to two members of the staff—Mr. Dudley Wright, who seconded the resolution that he should be elected President, and also to Dr. Powell. He did not know where he would have been but for these two gentlemen. It was

entirely due to their skill that he recovered from his illness. His Lordship also referred to Dr. Howard Jones, an anæsthetist of the Hospital, who had just resigned. His Lordship said his recollection of him was somewhat short—(laughter)—as he only put to him (the President) one question while he was laid on the bed, and that was : “ Have you any false teeth ? ” (Laughter). That was all he remembered before he lapsed into unconsciousness for a short time. It was a singular coincidence that the day of the Annual Meeting was the third anniversary of the day when Mr. Dudley Wright was cutting him up, and now Mr. Dudley Wright was seconding the proposition that he should be elected President of the Hospital. His Lordship also stated that as he came into the Hospital that afternoon he was given a letter from a colleague of his on the City of Westminster Council, in which he enclosed a cheque for £5, and hoped that similar amounts would be forthcoming from the meeting.

The Earl of Donoughmore, K.P., P.C. (Treasurer of the Hospital), then moved the adoption of the Seventieth Annual Report of the Hospital, and, in doing so, said that it touched upon many national problems, and was well worth reading. Before referring to the report, would they allow him to remark that they had said good-bye to their Naval patients, who had been most welcome people in the Hospital, and they all enjoyed being associated with them. They would see from the report that the Hospital had received a letter from the Lords Commissioners of the Admiralty referring to the strenuous work put in by their staff. Only a proportion of the cost of the Naval patients had been met by the State, and the difference had to be made up out of the ordinary funds of the Hospital. Now that the Naval patients had gone, they would have to make a still greater call upon the subscribers and donors. Their financial position was a very anxious one, though they were optimistic enough to think that they were no worse off than other hospitals. They, however, needed all the support they could get if they were

to carry on. The munificent gift of Hahnemann House by Messrs. Stuart was a very welcome gift. The completion of the purchase was arranged to take place to-morrow, the 23rd, and Mr. Mazzini Stuart had paid over the whole of the purchase money of £2,050, and so soon as that old lady, "Dora," would allow, they hoped to get possession and start the Museum. The Ladies' Guild had completed a good year's work, and this was largely due to the energy of Mrs. Holman, the Honorary Secretary. It was a matter of regret to all friends of the Hospital that Mrs. Holman was obliged through calls upon her time of work in other directions to resign her post as Secretary, but they hoped still to have the benefit of her advice on the Council as President of the Highgate Branch.

THE DEFICIT OF £11,300 LAST YEAR

was enough to make the Board of Management very nervous, and even in one's optimistic moments it was difficult to see where any improvement was to come from. One was almost inclined to say that in all parts of the world people seemed to think that the only thing in life was to increase their income, and do less in order to do so. It was not the case in hospital life or with medical life. He was optimistic enough, however, to think that the whole world was not going to conform to that heresy until they felt the evil effect of it. He would say how very grateful the Board were to Dr. Burford, Dr. Weir, and the other members of the Drug and Dispensary Committee, for their efforts to keep down the expenditure in that department, without in any way letting the patients suffer, or the medical and surgical staff be handicapped in their work. The gentlemen on the Committee met every week throughout the year, and one could readily understand the sacrifice of leisure this entailed to busy professional men. His Lordship referred to the increased cost of each bed, which in 1918 was £115, while in 1919 it rose to £186. He wished to emphasise the fact that the money which they received was well expended, and he was prepared to argue

that point as regards any department of the Hospital which could be named.

There was a great deal of talk going on among some of their friends in the medical world about the hospitals going on the rates. He was an unrepentant

BELIEVER IN VOLUNTARY EFFORT,

especially in hospital work. He knew they were not the first to do it, but he believed they were one of the first to appoint an almoner. It was not an unreasonable thing that so long as they offered a standard of efficiency in the surgical or medical world, they should say to patients: "This is at your disposal if you cannot pay, and if you can pay we invite you to help us to enable us to maintain efficiency rather than handing over matters to the State, and thus lose all the intensely valuable voluntary help." (Applause). Speaking with all seriousness, his Lordship said they wanted an extra £10,000 per annum if they were to carry on the work of the Hospital. The Hospital cost £24,000 a year, and their regular income was about £10,000, of which £4,000 was from invested funds. He laid great stress on the need for regular financial assistance. Since the report was written, he was glad to be able to tell the meeting that they had started this year well. They had had one endowment. Miss Farquharson had endowed a bed by a donation of £1,000, and he hoped her example would be followed by others. They had also received notice of two legacies of £1,000 each, which they would receive in due time—one from a late member of the Board, the late Mr. John Carter, and the other from a lady for many years a subscriber to the Hospital. (Applause). They always knew the value of large sums, and he thought they had learned to appreciate the value of large sums, but though it seemed illogical to say so, they had also learned to appreciate the

VALUE OF SMALL SUMS,

as they made a real difference in the anxieties of the Board of Management. (Applause). They were deeply grateful to their annual subscribers, but they

must do their best to get more and more subscribers, and he appealed for

MONTHLY AND WEEKLY SUBSCRIBERS.

The small sums were a great help to the Treasurer's statement, at the end of the year, and therefore he appealed for more subscribers, for it was only by this means that they could keep their Hospital up to the high standard it had reached. In conclusion, the Earl of Donoughmore referred to the retirement of the Vice-Treasurer (Mr. Hawkins Turner), and welcomed Mr. John Mews, who had been induced to take his place. Mr. Dudley Wright, who had done some splendid work for the Hospital, had been obliged to resign. Finally, they had to mourn the loss of Dr. Blackley, who had long held the post of senior physician to the Hospital. His Lordship acknowledged the financial assistance which had been rendered to the Hospital by the three funds—King Edward's Hospital Fund, Hospital Saturday Fund, the Hospital Sunday Fund—and also for that given by their own subscribers and donors. It was a great pleasure to all at that Meeting to welcome their new Matron, Miss Robinson, who had come back as an old friend, she having been their Assistant Matron some years ago. He cordially moved the adoption of the report.

Mr. R. H. Caird, J.P. (Chairman of the Board of Management), seconded the motion, and said the high cost of everything was bearing very heavily upon them, but he was in great hopes that the amounts they were

ASKING THE PATIENTS TO CONTRIBUTE

would help them in some measure in carrying on the good work of the Hospital. Nevertheless, they must still lean very heavily upon the annual subscribers, and he would still like to see these amounts increased, and also the number of individual subscribers.

The report was then adopted.

Dr. George Burford then proposed a vote of thanks to the Board of Management and House Committee, Nursing Committee, Treasurer, Vice-Treasurer, and Lady Visitors. He said that the Hospital was the

largest Homœopathic Hospital in Europe, and, indeed, the whole world. He dilated on the good work which Homœopathy performed, and said that, as a physician who knew intimately the Hospital he expressed his admiration of the great good which it did. He ridiculed the thyroid cure for cancer which was alleged to have been found, but on which no scientist of eminence had wasted any time. He likened it to the discovery of Dr. Metschnikoff, who asserted that if people lived on sour milk they should live to be 120, yet he died at the age of seventy-five! In conclusion, he referred to the death of Sir Robert Morant, who was the greatest minister of medicine the country had ever had. He was a fair-minded and able man, and he always saw that Homœopathy had fair play.

Dr. Giles F. Goldsbrough seconded the motion, and referred to the

EXCELLENT WORK DONE BY THE CHAIRMAN

and Members of the Board of Management, and of all those mentioned in the resolution.

The vote of thanks was unanimously carried, and Mr. R. H. Caird briefly responded.

Mr. Lee-Mathews proposed a vote of thanks to the Members of the Ladies' Guild of the Hospital. He would like to take that opportunity of saying what a great assistance the lady members of the Board had been to them at their meetings, and dwelt upon the valuable help the Guild had given to the Hospital. He said thanks were due to Lady Perks (President of the Council), whom he regretted was unable to be with them that day, to Mrs. Holman (the Hon. Secretary to the Council), and to the Presidents and Secretaries of the various branches, for the admirable manner in which they had contributed to the much appreciated result of the year's work. By their aid the funds of the Hospital had benefited to the extent of over £200, and, in addition, the Matron had received nearly 500 garments for the use of patients. The "Pound Day" organised by the Guild in November, had proved a record in both money and goods, over 800lbs. of the latter having been received.

Dr. Neatby seconded the resolution. He said that the suggestion that ladies should come on to the Board of Management had proved an exceedingly good one, and what on earth they

WOULD HAVE DONE WITHOUT THE LADIES

he could not say. A good deal had been said about the difficulties of voluntary hospitals, and of their Hospital in particular, but they were only difficulties meant to be removed. There were encouraging features about their Hospital which ought to cheer them up. That Hospital had been in existence for seventy years, and it had been growing in usefulness, and had done work of which they could claim pride.

Mrs. Fellowes-Pearson (President of the Hampstead Branch) replied to the vote of thanks, in the absence of Lady Perks (the President of the Council). She said it was a great pleasure to them to have done what they had, and they were much encouraged by what had been said that day. They were much hampered because of the need of more helpers, and if there were any ladies present who would become members they would gladly welcome them.

Sir Robert Perks, Bart., moved the re-election of the retiring members of the Board of Management: Mr. Edward Clifton Brown, J.P., Mr. R. H. Caird, J.P. (Chairman), Lord Newton, Mr. J. A. Scrimgeour, Mr. Lee-Mathews, Mr. W. P. Tyler, Dr. Neatby, and Dr. John Weir.

Mr. Boake seconded the motion. He said he had had the honour of presiding at the annual meeting of a local hospital, and their experience was the same as that of the Homœopathic Hospital—the great need of funds. He saw one light in the dark cloud, and that was that the war had taught them to

GIVE IN A WAY THEY NEVER KNEW BEFORE. (Hear, hear). The hospitals wanted suitable propaganda. There was a scheme of giving during the war, and there should be a scheme for giving to such an institution as theirs.

The motion was carried, Mr. R. H. Caird returning thanks.

The Hon. Sir Arthur Lyulph Stanley, K.C.M.G., proposed the re-election of the Honorary Medical Staff, the re-election of Drs. Neatby, Goldsbrough, and Margaret Tyler, who, having passed the limit of service, had kindly consented to continue to serve; and a vote of thanks to the Medical Staff. He said they were all grateful to the Medical Staff for all their labours in the Hospital at all times. The amount of energy and self-sacrifice that they gave to their work must be evident to all of them, and no thanks they could give them could be adequate for their generous services.

Mr. Caird having seconded the motion, it was unanimously carried.

Dr. C. E. Wheeler said with regard to the vote which they had been good enough to accord the Medical Staff, he could only say on behalf of himself and colleagues that they were extremely grateful.

The re-election of the auditors, Messrs. Prideaux, Frere, Brown, and Hannay, was, on the motion of Mr. E. Handfield Morton, seconded by Mr. W. H. Poate (Vice-Chairman), agreed to.

THE HOMŒOPATHIC CONVALESCENT HOME.

The Secretary (Major Attwood) submitted the thirty-first annual report of the Homœopathic Convalescent Home, Eastbourne, which was taken as read.

Mr. Edward Clifton Brown, J.P., in proposing its adoption, said he regretted to say that he was afraid that they would not find the report altogether satisfactory. They knew the old saying that a man was a millionaire so long as he lived within his means. He was sorry to say that the income of the Convalescent Home for the last year amounted to £749, showing a decrease on the year. The expenditure, of course, had gone up. The decrease in income was £22, and the increase in expenditure was over £123. It was only due to the excellent management of the Matron (Sister Alicia) that it was not in excess of that. The Board of Management had decided

with a view to raising more income, to increase the fees from 14s. to one guinea per week. Even this amount would not pay the full cost, as the cost of each patient's three week's stay was £4 1s., the balance having to be made up from the funds. Lady Amy Tate had

BEQUEATHED A THOUSAND POUNDS

to endow a bed in the Home. They were most grateful to Lady Tate, and hoped her example would be imitated by others. At present they could not take men at the Eastbourne Home, but had made excellent arrangements for them to be sent to Bexhill-on-Sea. One would like to see a larger Convalescent Home, and more provision for children. In the first place, they benefited by the sea air. If they built up the health of the children, they were more certain of having healthy men and women later on. So many people who did not know had said it was all very fine for the children. That was the best compliment that could be paid, for it if was good for the children, it was better for adults. They had been very anxious for many years to increase the size of the Convalescent Home, to enable them to take both male and female patients. They had also tried to get one in a better position that would take all the patients—men, women, and children—if they possibly could. They had a sum of £4,000 which they had put aside for this extension. Their Chairman had spent many hours looking for a better site, and had taken a great deal of interest in the scheme for procuring a larger Home. They had hoped to have added to their £4,000, but they considered that the appeal for the Hospital should be first completed, and not be handicapped at present by one for the Home. They hoped to add considerably to that £4,000 directly, so as to have

A HOME WORTHY OF THEIR HOSPITAL.

A casual call at the Convalescent Home, which he hoped many of those present would make, would find

it all spick and span, and as well kept as possibly could be, and the Matron would be only too obliging and delighted to show visitors over. (Applause).

Dr. John Weir seconded the motion, and remarked that it was a part of the work of the Hospital which was apt to be forgotten, as it was away from the base. Although the work of the Convalescent Home was done quietly, it was done none the less efficiently. He advised visitors to Eastbourne to look in at the Home, at 36, Enys Road. He could assure them they would get a smiling reception from the Matron, and would be pleased with everything they saw there.

The report was adopted.

The Countess of Donoughmore then presented the Gold Medal and the Prizes won by the Nurses in the Final Examinations in the three year's course of training in the Hospital.

(Maximum to attain, 2,300).

Nurse Owst (Gold Medal)	..	2,050	89 per cent.
Nurse Neve (First Prize)	..	2,037½	88 per cent.
Nurse Mittell (Second Prize)	..	1,982½	86 per cent.

A cordial vote of thanks was proposed to the Countess of Donoughmore for presenting the Nurses' awards, and to Lord Cheylesmore for presiding.

Lord Cheylesmore, in replying, said he could only say it had been a great pleasure to him to be there that afternoon. He had been brought up in a profession that taught him to do his duty. He thought he had done his duty on that occasion, and, though he could not say what was going to happen, he could say that he had never presided at a more harmonious or more unanimous meeting. He remembered the first meeting at which he took the chair at the London County Council, He took the chair at 2.30, and he was in it until 7.30 the next morning. He would always be at their disposal whenever they required him. (Applause).

The proceedings then terminated.

HOSPITALS AND INSTITUTIONS.

MICHIGAN.

THE able and energetic Dean of the Ann Arbor School has sent us some details of the work done there, and all who know Dr. Hinsdale and his colleagues will not be surprised at its extent and quality. The School is part of the University of Michigan, and no effort and no expense is spared to make it efficient and worthy of its high traditions. In the hospital were treated 4,291 In-patients, with a death rate of 2.1 per cent., and these figures speak for themselves. The hospital issues an admirable little pamphlet on "Homœopathy" to enquirers, an example which might well be followed elsewhere. We hope to reprint it in the "WORLD" as an illustration of American enterprise.

CALCUTTA HOMŒOPATHIC COLLEGE.

PRIZE DISTRIBUTION CEREMONY.

THE annual prize distribution ceremony of the Calcutta Homœopathic College came off at the College hospital in Upper Circular Road at 5 p.m. on Thursday. The Hon Sir Henry Wheeler presided and Lady Sinha gave away the prizes.

Among those present were Dr. and Mrs. D. N. Ray, Mrs. P. K. Ray, the Hon. Mr. Justice C. C. Ghosh, Mr. Langford James, Drs. S. K. Nag, G. L. Gupta, A. N. Mukerjee, R. M. Banerjee, J. M. Ray, and Mr. K. N. Chaudhuri.

Dr. J. N. Mazumdar, Secretary of the College, in reading the annual report narrated the history of the College which was founded thirty-eight years ago by Dr. Pratap Chandra Mazumdar, in 1881. Struggling hard for a considerable number of years the College had now come to a sound footing and its students were to be found not only all over Bengal, but in Madras, Bombay, the Punjab and other distant provinces where they were rendering good accounts of themselves. The College had no permanent abode, but had recently found one in the Calcutta Homœopathic Hospital

through the generosity of Dr. D. N. Ray. Last year, Mrs. Mazumdar added a new wing to the hospital at a cost of Rs. 6,000 and the school lectures were being held in these rooms. Besides, it had a chemical laboratory and a small pathological museum. Through the generosity of Babu Sidheswar Gorai, a patient of the Secretary, another new wing had been added to the hospital. The College had an efficient staff of teachers one of whom was a graduate of the Medical College. The College had the support and encouragement of men like the late Rev. Father Lafant, Sir Jagadish Bose, Sir P. C. Ray, the late Sir Gurudas Banerji, Sir Lawrence Jenkins, Raja Peyari Mohan Mukerji and the Hon. Mr. Surendranath Banerjea. During the year under review, there were 118 students on the roll, of whom thirty-one had graduated. This year the number of students went up to 121.

Lady Sinha then gave away the prizes to the successful students.

Sir Henry Wheeler, in the course of a neat little speech, congratulated the College authorities and the students on their success. He said that he accepted the invitation to preside over the meeting for two reasons: First, personal, and secondly, general. Personally he was a believer in homœopathic treatment. In India officially, he had to depend upon allopathic treatment. But if he had been at home he would have depended upon his brother who was a homœopathic practitioner, possibly because he might get his advice free of charge (laughter). He was connected with the medical department of the country for over ten or twelve years, and, as such, he had reasons to believe that there was an enormous field in this country for medical relief. He was of opinion that homœopathic practitioners, if they were properly qualified, had a good future before them. Nothing, however, could be more prejudicial to the future development of homœopathy in this country if those who followed this system were not fully qualified. It was a common idea that the training of homœopathy was easier and cheaper than other systems of treatment, but he believed that this was a wrong idea. He

was afraid that the Government in this country would not give them as much help as it might expect. Principally it should depend upon the generosity of private individuals who Sir Henry fully believed, had done much in this direction in the past and would do more in the future. In conclusion he urged the homœopathic practitioners to be inspired by the highest and noblest ideals of their profession.

Mr. Langford James proposed a vote of thanks to Sir Henry Wheeler and Lady Sinha and this brought the meeting to a close.

Sir Henry Wheeler then went round the different wards of the hospital and formally opened the new wing of the hospital.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE seventh meeting of the Society was held on April 8th, with the President in the chair. Dr. Barker, Dr. McAlpine and Dr. McGowan were elected members and Dr. Cavenagh proposed for membership. Dr. A. Speirs Alexander read a most valuable paper on the "Homœopathic Treatment of External Diseases of the Eye." His illustrative cases were precisely described and admirably selected. Dr. E. A. Neatby, Dr. Day, Dr. T. M. Neatby, Dr. Tyler, Dr. Goldsbrough, Dr. Weir, Dr. Wynne Thomas, Dr. Cavenagh, Dr. Powell, spoke in the debate. Dr. Wynne Thomas then read a paper on some cases of "Acute Abdomen." These were excellent examples of surgical emergencies dealt with in a way that reflected the greatest credit on the Bromley Hospital and its staff. Mr. Granville Hey and Dr. Burford discussed it. Dr. T. M. Neatby showed a case of Bazin's disease, and Mr. Hey gave some further particulars of the proposed International Meeting in August. The Dinner Club held a very successful meeting at the Hotel Russell, and after dinner the draw for the Dudgeon Cup Golf Competition was made. Details will be found elsewhere.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH MARCH TO 15TH APRIL, 1920.

GENERAL FUND.

<i>Subscriptions.</i>				£	s.	d.
Dr. B. W. Nankivell	..	..	..	1	1	0
H. G. Crossfield, Esq. (response to Special Appeal)				1	1	0
Messrs. A. Walker & Son	"	"	"	10	6	
S. W. Russell, Esq.	"	"	"	10	6	
Dr. T. Lawson	"	"	"	1	1	0
Dr. W. E. Boyd	"	"	"	1	1	0
G. Donaldson, Esq.	"	"	"	1	1	0
Mrs. Keen	"	"	"	2	6	

NATIONAL HOMŒOPATHIC FUND.

Subscriptions.

Messrs. Keene & Ashwell, Ltd.	1	1	0
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The usual Quarterly Meeting of the Council was held at Chalmers House, on Tuesday, 13th April, at 4.30 p.m.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday, 21st April, at 4.30 p.m.

A Meeting of the Beit Research Fund Committee was held at Chalmers House, on Wednesday, 21st April, at 4 p.m.

The Annual General Meeting of the Association will be held this year at 32, Gordon Square, W.C.1 (by kind permission of W. Lee Mathews, Esq.), on Monday, 31st May, at 3.30 p.m. Sir George Wyatt Truscott, Bt., the President of the Association, will take the chair.

CORRESPONDENCE.

"AUDI ALTERAM PARTEM."

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

DEAR SIR,—Referring to the letter of Dr. Neatby, in which he suggests an arrangement amongst the Homœopathic Chemists of the West End, to have some one at hand, at all times, ready for the supply of

medicines urgently required, may I be allowed to give a short account of some of my thirty-five years' experience in a leading Homœopathic Pharmacy, namely, that of Messrs Leath & Ross.

Before doing so, however, I would suggest that the most important factor in the matter, in my opinion, would be greater co-operation between the medical profession and the chemists, and better support of the latter by the former, thus enabling the chemist to arrange a relay of assistants.

May I recall one instance of my experience (by no means an isolated one of its kind) ?

A lady up from a provincial town was taken ill one Saturday morning a few years ago, whilst staying at the Langham Hotel, and sent her maid to me asking for the name and address of a good Homœopathic doctor who would be able to come to her without delay. I telephoned to the addresses of fifteen of the West End doctors without success. The replies, which were apparently mostly from their maids, were somewhat interesting ; two of them said Dr. — is playing golf, and will be home to dinner at 7 o'clock, others said Dr. — does not come to his rooms on Saturdays, and one well-known physician replied himself that he did not attend " ordinary " cases though he was within a stone's throw of the Langham Hotel. I thought of Charles Kingsley's lines :

Do the work that's nearest
Though its dull at whiles
Helping, when you meet them
Lame dogs over stiles.

In the end I managed to arrange with a doctor in the N.W. district, to visit the patient after 6 p.m. I gave the telephone number at my private address to the doctor in case any medicine should be required, as it was our early closing day. At 7 p.m. a message came through ordering two drams of a certain tincture. I went down West and dispensed the same, took it to the Langham Hotel, arriving home seventy-five minutes late for dinner, and three days afterwards received the princely sum of one shilling for all my trouble.

Can you wonder, Sir, that one is glad to be away

from it? I am now busily engaged on behalf of the same firm of Leath & Ross in a large mail order business, and at the present time am supervising the execution of three foreign orders which alone amount to a total of nearly 70,000 (seventy thousand) homœopathic medicines, in addition to the extensive home orders by every post, and though briskly engaged during the day, under such favourable conditions, one is able to get away from it at a reasonable hour, and enjoy that element of supreme happiness, the congenial society of the family circle.

Yours faithfully,

SEPTIMUS WALGATE.

SOUTHPORT COTTAGE HOSPITAL.

TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."

DEAR SIR,—The chequered career of most Medical Charities, has not escaped us, but we are grateful for the maintenance of interest manifested from various sources. The dearth of medical Officers (so much to be deplored) has been survived, and unexpected but timely aid has been supplied by the voluntary attendance of a local Physician (who has become deeply interested in the methods of treatment adopted) so that we have frequent visits to the Pensioners resident here, and their satisfactory progress testifies to the efficiency of treatment adopted. Much interest also has been shown, and practical aid afforded by occasional visits from the Staff of the Hahnemann-Hospital, Liverpool. Drs. Cash Reed and Simpson are available and render valuable aid as required. The patients suffered mainly from "shell-shock" and "trench fever" of an intermittent type. The sandy soil and the ozone which abound here seem conducive to recovery. The matron and nursing staff devote great interest and attention to their patients, and win grateful tributes from the inmates, many of whom are from Fen-country, with histories of ague and chronic rheumatism. The authorities seem to realise the value of the quiet and well-managed Institution, which will conduce to wider recognition and assistance at their hands.

THOMAS SIMPSON.

The Croydon Dispensary.

DEAR DR. WHEELER,—A printer's error! The number of home visits for 1919 was 527 instead of 143 as put in "HOMŒOPATHIC WORLD." The 143 refers to the tickets used and not the visits paid. The visits went up from 313 (1918) to 527 (1919).

Kind regards,

Yours very truly,

T. E. PURDOM.

INTERNATIONAL HOMŒOPATHIC COUNCIL.

The following letter is being circulated by the Council.
—(ED. H.W.).

35, Queen Anne Street,
Cavendish Square, W.1.
April, 1920.

DEAR COLLEAGUE,—We are happy to state that the arrangements for the assembly of the International Homœopathic Council at The Hague on August 26th, 27th and 28th are being perfected, and that communications have been opened up with our Homœopathic colleagues all over the world, with a view to secure a considerable and representative attendance.

The Council Meetings will be held at the Pulchri Studio, Lange Voorhout, 15, The Hague and the provisional programme is as follows :

Thursday, August 26th.

10 a.m. Assembly of the Council, when an introductory Address will be delivered by the President, Dr. John Preston Sutherland, and thereafter Council business taken until mid-day.

2 p.m. The Council will reassemble and continue the consideration of questions submitted to it for debate.

5 p.m. The Council will rise ; and at

8 p.m. There will be an official reception of the delegates and friends, at which it is expected that two of the Dutch Ministers of State will be present.

An address will be given during the course of the evening on the Homœopathic Hospitals of the World, illustrated by Lantern Slides.

Friday, August 27th.

10 a.m. The Morning Session will be held in the Pulchri Rooms, and will rise at mid-day.

In the afternoon a trip to the Port of Rotterdam will be arranged for visiting members and their friends, exactly as was planned for 1914. This is likely to prove a most interesting and pleasurable excursion.

In the evening, immediately after Dinner, the final Session of the Council will be held, and business concluded.

Saturday, August 28th.

The delegates will leave at 10 a.m. for Utrecht, arriving at the new Homœopathic Hospital in that city at 11.30. They will be conducted round the institution by the physicians, and thereafter luncheon will follow.

At 1.30 p.m. a special session of the Dutch Homœopathic Society will be held to meet the visiting delegates when a special address will be given to the conjoint meeting by one of the most distinguished European Homœopathic physicians.

At 4.30 p.m. the visiting body will return to The Hague.

The detailed programme of business will be furnished to each delegate at the first meeting, and opportunity as far as possible will be provided for the due consideration of questions not included in the official arrangement.

Various enquiries have been made in this country concerning the minimum expense incident to this visit. We have applied to Messrs. Thos. Cook & Son for information, and they specify three alternative routes as being available for travellers at the time of the Council Meetings :—

1. Via Folkestone and Flushing. Return fare,
1st Class, £9 8s. ; 2nd Class, £7 19s. 2d.

2. Via Harwich and The Hook of Holland. Return Fare, 1st Class, £6 10s. 8d. ; 2nd Class, Rail and Saloon, £6 8s.
3. Via Tilbury and Rotterdam (Batavia Line). Return fare, 1st Class, £8 6s. ; 2nd Class, Rail and Saloon, £5 9s. 8d.

All travellers must have a Passport (cost 7/6) viséd by the Dutch Consul.

Messrs Cook are prepared to make arrangements at quite reasonable rates for the residence of visitors at one or other of the principal Hotels at The Hague. To wit : Hotel des Indes, or The Hotel Chateau Oud Wassenaar.

May we commend this Council Meeting to your favourable consideration, constituting the first International meeting since the war in which business of the highest importance for the welfare of Homœopathy will come up for consideration and decisions taken. We should value your presence and would fraternally invite you to add your counsels to the assembly at the time of meeting.

In addition, it will not have escaped your attention that, at the conclusion of the Council, opportunities will present themselves for other local journeys in that most interesting area. The Hague itself is a city of historic renown, and contains in its galleries some of the finest pictures in the world. Other Dutch cities have each and all their own specific attractivenesss and to those who care to visit the areas of conflict in which this country has taken recently so considerable a part, the oversea journey will have already been made. The time of year is that usually taken for professional holiday, and any part of the outgoing journey can be made either in company with other colleagues or alone.

May we beg the favour of your early, and if possible concurring, response.

We are,

Yours very faithfully,

GEORGE BURFORD.

Acting Secretary of the Executive Committee.

C. GRANVILLE HEY,

Corresponding Secretary.

LONDON HOMŒOPATHIC HOSPITAL, GREAT ORMOND STREET, BLOOMSBURY.

HOURS OF ATTENDANCE :—Medical (In-patients, 9.30 ; Out-patients, 2.0), Daily ; Surgical, Mondays and Tuesdays, 2.0 ; and Thursdays and Fridays, 9 a.m. ; Diseases of Women, Tuesdays, and Wednesdays, 2.0 ; Diseases of Skin, Thursdays, 2.0 ; Diseases of the Eye, Mondays and Thursdays, 2.0 ; Diseases of the Nose Throat and Ear, Wednesdays, 2.0 ; and Saturdays, 9 a.m. ; Diseases of Children, Mondays and Thursdays, 9.0 a.m. ; Operations, Monday, Thursday and (Out Patients) Saturday mornings ; and Wednesday, Thursday, and Friday afternoons ; Diseases of the Nervous System, Fridays, 9 a.m. ; Electrical Cases, Tuesdays, and Fridays, 2.0 p.m. ; Physical Exercise Department, every day except Saturday at 9 a.m.

CHILDREN'S HOMŒOPATHIC DISPENSARY, SHEPHERD'S BUSH GREEN, W.

For the treatment of Diseases of Children only. *Medical Cases* daily, and Special Departments for—*Eye*, Wednesday ; *Ear Nose and Throat*, Wednesday ; *Skin*, Tuesday and Friday ; *Physical Exercise Department*, Tuesday and Friday. Doors open 1.30 p.m. Closed 2.30 p.m. daily, except Saturdays, Sundays, and Bank Holidays. Sir Geo. Wyatt Truscott, Bart., President, G. W. Budden, Esq., Hon. Treasurer, Telephone : Hammer-smith 1023.

REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Barling and Morrison. A Manual of War Surgery. With an Introduction by Major-Gen. Sir George H. Makins. 8vo, pp. 495. n. 21s.

Cameron (S. J.) A Manual of Gynæcology. 2nd edition, revised. Royal 8vo. n. 25s.

Cunningham's Manual of Practical Anatomy. Vol. 1. Revised and edited by A. Robinson. 7th edition. Cr. 8vo. pp. 451.

Davis (W. Clyde). Essentials of Operative Dentistry. 3rd edition. 8vo. n. 21s.

Encyclopædia Medica. 2nd edition. Under the General Editorship of J. W. Ballantyne. Vol. VI.—Heat Fever to Intertrigo. Royal 8vo, pp. 666. n. 25s.

Findlay (Leonard). Syphilis in Childhood. Cr. 8vo, pp. 166. n. 8s. 6d.

Jack (William R.) Wheeler's Handbook of Medicine. 6th edition. Cr. 8vo, pp. 573. n. 12s.

Midwife's Pocket Book (The). With which is incorporated the Midwife's Pocket Encyclopædia. 7th edition. 18mo, pp. 188. n. 1s. 3d.

Pharmaceutical Pocket Book for Practitioners and Students (The). 9th edition. 18mo, pp. 360. n. 3s. 6d.

Pope (Amy E.) Pope's Manual of Nursing Procedure. Cr. 8vo, pp. 607. n. 10s.

Sutton (R. L.) Diseases of the Skin. 3rd edition. Royal 8vo. n. 42s.

JUST PUBLISHED.

AN INTRODUCTION TO THE
Principles & Practice of Homœopathy

By **CHARLES E. WHEELER. M.D., B.S., B.Sc. (Lond.).**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Purdom, Croydon — Dr. Simpson, Blundellsands — Dr. Wynne Thomas, London—Mr. Knight, Ilchester—Mr. Walgate, London—Dr. Feyrolles, Paris.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homöopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica.

The Homœopathic World.

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General Drug Disorders Occurring in the Evening.—By the late Dr. Leopold Salzer, M.D.

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May 1, 1920.]

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THE HOMŒOPATHIC WORLD.

JUNE 1, 1920.

A NOSODE PROVING.

WE wish to call special attention to Dr. Boyd's article in this issue of the "WORLD"; it will be the first, we hope, of a series, by its gifted author. The use by homœopathists of Nosodes has been a procedure of great interest and significance, and the relation of potencies to the more orthodox vaccine preparations is one of great importance. Our evidence tends to show that in many cases, potencies by the mouth can replace the hypodermic syringe and often with advantage. But we should gain enormously in our ability to use these nosodes if we had provings of them comparable to those which we possess of Arsenic, Phosphorus or Sulphur. At present what we have are but fragments of what we desire. Therefore any addition to these fragments is welcome, and Dr. Boyd contributes a noteworthy record. We hope his example will stimulate others. One of our greatest difficulties is that of persuading our colleagues to record their experiences. Treasures of knowledge and wisdom are lost to us because they perish with the brains that held them instead of finding the security of the written page. May we plead with our colleagues to think well on this matter and to let action follow thought.

NEWS AND NOTES.

THE BRITISH HOMŒOPATHIC CONGRESS,
September 8th and 9th, 1920.

ARRANGEMENTS are being made for the Annual Assembly of the British Homœopathic Congress in the current year in London on the above dates, under the Presidency of H. Wynne Thomas, Esq., M.R.C.S., &c.

A full programme of detail will be published in due course, and there is every reason to anticipate a Conference fully up to standard as regards interest and utility. In particular, another opportunity will be given for discussion of some of the problems of Homœopathy as affecting the public interest.

May we ask our colleagues and friends to make the necessary note in their list of engagements.

B.H.A. LECTURES.

Two public lectures have been given at 43, Russell Square during May. The arrangements for them were rather hurriedly made and we were unable to give them announcement in the May issue. But there remains a third for June 8th, at 8.15, and we hope our readers will attend.

B.H.A. ANNUAL MEETING.

THE Annual Meeting of the B.H.A. was held at the end of May, too late for report in this number. But a full account of it will appear in July.

THE INTERNATIONAL MEETING.

ANY physicians intending to be present at the meeting at The Hague, in August are reminded that a passport will be necessary and that it is well not to delay too long about the business of procuring one.

A SCOTTISH CHILDREN'S HOSPITAL.

OUR Glasgow friends are certainly not letting the grass grow under their feet. We print elsewhere an appeal on behalf of a Children's Hospital which is well worth attention and support. A good deal, it will be seen, is already given so that there is here an excellent opportunity for effective generosity.

ORIGINAL COMMUNICATION.

DELAYED ARSENICAL POISONING :

A Report on Fifty-eight Cases following the Administration of "606" Preparations.

BY GEORGE S. STRATHY, M.D., C.M. TOR., M.R.C.S
ENG., L.R.C.P. LOND.,
Clinician in Charge, Medical Out-patients' Department,
Toronto General Hospital;
THE LATE CAPTAIN C. H. V. SMITH, C.A.M.C. ; AND
BEVERLEY HANNAH, M.B. TOR., M.R.C.S. ENG.,
L.R.C.P. LOND.,
Assistant Physician, Hospital for Sick Children, Toronto

(Continued from p. 171.)

Group II. Non-fatal cases.—The greatest number of doses of salvarsan given was fourteen, the least two. The records showing quantities of salvarsan administered were not always available. The average time of onset of symptoms was forty-five days, the longest interval 180 days, the shortest three days. Three patients were under twenty years of age, thirty between twenty and thirty years, and seventeen between thirty and fifty. Thirty-nine of the patients were admitted for jaundice, eight for dermatitis, two for nephritis, and one for general debility. Jaundice followed dermatitis in one patient, and two other cases of dermatitis were followed by peripheral neuritis. Coated tongue, poor appetite, epigastric distress, abdominal distension, headache, general malaise, and loss of weight were noted throughout the group. The blood pressure was recorded weekly in all cases. During the early stages the systolic pressure was frequently below normal. It was often normal and never over 140 mm. As the patient's condition improved the blood pressure returned to normal. A routine urinalysis was carried out every few days with the following results: albuminuria twenty-eight cases, bile salts present thirty-five cases, increased urobilin and urobilinogen in

sixteen cases, leucin and tyrosin never found. The microscopical examinations did not show any change of interest. A Wassermann test was obtained in all cases before they left the hospital. All gave a negative reaction with two exceptions; these two remained strongly positive.

Jaundice.

This was the most prominent symptom noted throughout the series, being present in all of the fatal group and thirty-nine of the non-fatal group. It appeared within ten days of the onset of toxic symptoms and lasted on an average for four weeks. In one case the jaundice was noticeable at the time of the patient's transfer to Canada, five months after its first appearance. Itching of the skin was never present. A marked tendency to somnolence manifested itself, disappearing with the decrease in icterus. The liver was distinctly enlarged in a number of cases, slowly returning to normal size, but never very tender on palpation. The condition of atrophy of the liver in the early stages and following at a later stage on hypertrophy is discussed below under X-ray examination. The appetite usually continued small for about two weeks. When this returned there still remained for some days, and in some cases for several weeks, diminished digestive power with a feeling of heaviness and distension in the epigastrium when food was taken.

In the worse cases of this type there was a period of several days in which the secretion of bile was low, evidenced by lack of jaundice, absence of bile in the urine, and clay-coloured stools. A marked feature of these cases was the slowness with which they returned to normal. The average duration of hospital treatment was from two to three months.

The following case is an example of the slow return of bile secretion and liver function :—

Pte. B., age twenty-nine, had received 23 g. of galyl in six doses and 8 gr. mercury in oil. Fifty days after his last treatment he developed headache, epigastric pain, jaundice, oedema of hands and face,

and diarrhoea. Examination showed liver and spleen palpable, and large traces of albumin and bile in the urine. Stools showed bile pigment. The blood picture was normal. Blood pressure ninety diastolic, 140 systolic. He was put on a daily diet of milk 40 oz. and sugar 2 oz., with bicarbonate of soda gr. 45. Water was given freely. A week later jaundice was deeper, the oedema had disappeared. There was little or no loss of weight, no vomiting or diarrhoea. The liver dullness had become less, the spleen was still palpable and the stools were clay-coloured. A week later the jaundice was less, the liver dullness on percussion was markedly decreased. (At this stage we had not commenced examining the liver by X-ray.) The albumin had disappeared from the urine, but there was still a faint trace of bile. The blood count remained normal. Later the jaundice entirely disappeared, but the stools remained clay-coloured and his digestive powers low. His liver was apparently much atrophied, but he was quite comfortable as long as he was kept on the low diet mentioned. Any increase of diet caused epigastric pain and discomfort. Apparently little or no bile was being formed in the much damaged liver. Convalescence lasted over six months, but recovery was apparently complete.

Dermatitis.

Eight cases of dermatitis following salvarsan were admitted to No. 16 Canadian General Hospital between March and June, 1919. While dermatitis was the most prominent manifestation, gastric disturbances, congestion of the mucous membrane, loss of weight, and general weakness were also present. Liver changes, similar to those occurring in the jaundice cases, manifested themselves at some time during the illness. The average time for the appearance of this skin condition was usually within two weeks following the course of salvarsan.

It began as a patchy papulo-erythematous eruption, spreading until confluent and until the whole skin was a crimson colour and slightly infiltrated. A few days later desquamation commenced, lasting several weeks.

The scales were large, thick, abundant, and without any exudation beneath them. As the exfoliation decreased the infiltration and brown pigmentation of the skin increased, especially over the abdomen and extremities. Four of the cases developed numerous superficial abscesses with elevated temperature extending over a period of three to five weeks. A peculiar condition of the toe and finger-nails was observed in these cases. They became pitted and thickened, followed by splitting and shedding of the nails, and eventually new ones replaced them. The hair of the scalp, axillæ, and pubes fell out, but was gradually growing again at the time the patients left the hospitals. A typical case is described below :—

Driver S., aged thirty-seven years, developed a sore on the penis December 15th, 1918. Between February 17th 1919, and March 20th, 1919, he was given five doses of neo-salvarsan intravenously, and 5 gr. of mercury intramuscularly. On the latter date an irritating red rash appeared on the neck and arms. He was given a further dose of neo-salvarsan and mercury. The rash became more severe, and exfoliation followed a few days later. The urine showed albumin.

He was evacuated to England and admitted to No. 16 Canadian General Hospital on April 10th, 1919. On admission he complained of severe irritation of the skin and conjunctivæ. Exfoliation of the skin was very marked, the conjunctivæ were reddened, and his hair was falling out rapidly. Stomatitis was severe. He had no gastric symptoms. Temperature 102° F. Liver was palpable. Hæmoglobin eighty-five per cent. Red blood cells 5,800,000 per c.mm. White blood cells 17,000 pre c.mm. Differential count showed a slight increase in the polymorphonuclear cells. Blood pressure diastolic seventy, systolic 114. On April 16th, 1919, three large superficial abscesses were present ; these were opened. On April 25th, 1919, liver and spleen were palpable. Skin showed slight brown pigmentation. No bile or albumin in urine. By May 5th, 1919, several more abscesses had developed. Liver and spleen still palpable. Urine showed no albumin or bile. After this he steadily improved.

Peripheral Neuritis.

In two cases of this group peripheral neuritis occurred. They were both admitted for "exfoliative dermatitis," and developed neuritic symptoms several weeks later.

Pte. P., aged twenty-five years, was admitted to No. 16 Canadian General Hospital, on April 16th, 1919. Sore had developed on penis December 27th, 1918. He had received several doses of salvarsan and six injections of mercury. A papular eruption, followed by desquamation, appeared on his body after the fifth injection. Four months after treatment he began to complain of weakness and some numbness in the lower extremities. This condition grew worse. June 26th, 1919: Examination showed marked weakness of upper and lower extremities, with toe-drop and wrist-drop. Some decreased sensation in hands and feet. Deep reflexes absent. He was unable to feed or dress himself. Two months after the onset of neuritis he was invalided to Canada. At this time he had slightly improved. Deep reflexes were still absent. He was beginning to feed himself, but was unable to walk. Sensory changes had disappeared.

A Case of Arsenical Poisoning due to Fowler's Solution.

A condition very similar to poisoning following salvarsan was found in a patient suffering from arsenical poisoning after the administration of Fowler's solution for psoriasis.

Sergt. F., aged thirty-five, admitted to hospital February 24th, 1919; had enjoyed good health previously, but had had psoriasis for fifteen years. Five months previous to admission he commenced taking Fowler's solution, 5 minims three times a day, and except for short intervals had taken this dose until admission. A month previously he had noticed that the skin of his body and extremities was becoming dark. He had lost forty pounds in weight, sleep was restless, and appetite very poor. Examination showed nigger brown pigmentation of the skin all over the body except the head, hands, and feet, and most marked on

abdomen, back, thighs and perineum, with fine bran-like desquamation. Heart and lungs were normal. Blood pressure normal. Liver showed atrophy both on percussion and by X-ray. The height of the liver shadow in the right parasternal line in over fifty normal patients was not less than 6-in., whereas in this patient it was $4\frac{3}{4}$ ins. Spleen not enlarged. Urine showed no bile or albumin. He was rested for a month and given milk diet. March 31st, 1919: Gaining weight and strength. Appetite improved. No change in pigmentation. April 7th, 1919: Appetite good. Stools normal. May 8th, 1919: Feels quite well. Full diet. Liver almost normal size, $6\frac{1}{4}$ ins. deep in parasternal line.

This patient, evidently very susceptible to arsenic, developed a chronic dermatitis and atrophied liver from the administration of only 15/100 gr. of arsenious acid daily. His symptoms referable to the liver were almost identical with those of patients who had received salvarsan or neo-salvarsan.

Additional Cases.

The month of August, 1919, brought many convalescent patients to England from the hospital centres in France for immediate transfer to Canada. At No. 16 Canadian General Hospital we observed eleven more cases of "606" poisoning which are not reported in the above series. Time did not permit us to investigate them thoroughly, but they readily grouped themselves according to their outstanding features as follows: Jaundice, seven cases; dermatitis, three; general debility, one.

Post-Mortem Findings.

As the post-mortem examinations showed very similar conditions in all cases, the autopsy report of Pte. R., whose case is described above, is given as typical:—

Autopsy, fourteen hours after death. Body well developed and well nourished. Well-marked icterus of skin and conjunctivæ. Body fat is tinged with jaundice. No free fluid in the peritoneal cavity.

Schedule of Fatal Cases with Post-mortem Findings.

No.	Name	Age	Stage of syphilis.	Treatment. g.—grams. gr.—grains.	Previous history.	Time of onset after treatment in days.	Duration of illness in days.
1	E. H.	About 20	Prim.	Salvarsan, 7 g.	Nephritis, six months previous.	About 29	11
2	Pte. J. S.	21	Prim.	Mercury, 7 gr. Ten doses, 4 g. kharsivan and 10 gr. mercury.	Recent G.S.W.; old wound of liver; old right side pleurisy.	70	3
3	Cpl. G. D.	19	Sec.	2.2 g. kharsivan, five doses; 8 gr. Hg and some KI. Eleven doses N.A.B.; Hg, 9 gr.	?	3	4
4	Sgt. O. H.	23	Doubtful history. Wass + Prim.		Multiple flesh wounds ten months previous. Gonorrhœa five months previous.	40	2
5	Pte. J. A. G.	37		Nine doses N.A.B.; 5.85 g.; 8 gr. Hg, eight doses. Seven doses N.A.B.; 4.7 g.; 7 gr. Hg, Seven doses.	Alcoholic. Has gonorrhœa (? chronic); nephritis.	6	2
6	Pte. J. H. R.	21	Latent for fourteen years.		Five attacks gonorrhœa in two years. Slight, healed, T.B. right lung. Slight chronic nephritis. Heart slightly enlarged and degenerated.	37	13
7	Pte. W. C. R.	38	Latent for eighteen years.	Nine doses N.A.B., 4.65 g.; 7 gr. Hg, seven doses. Has had intensive treatment. No particulars available.	Slight flesh wound three months previous. Old pleurisy right side.	35	13
8	Pte. J. S.	—	—		No history except hæmatemesis.	—	—

Many hæmorrhagic spots about the size of a sixpence, in the mesentery. Right pleura contained about 50 c.cm. of straw-coloured fluid. Few old adhesions at left apex. The pericardium was normal. Lungs crepitant throughout. Bloody frothy fluid flows from bronchi. Some hypostasis. Heart muscle pale, otherwise normal. Stomach filled with black, unclotted, hæmolysed blood. Mucosa showed considerable digestion, but no ulcers or bleeding points found. Duodenum and jejunum contained black blood similar to that found in stomach. Intestines otherwise normal in appearance. Œsophagus, suprarenals, and pancreas normal. Spleen slightly larger than normal, on section almost diffuent. Liver considerably smaller than normal, capsule wrinkled, on section pale, with nutmeg appearance, friability about normal. Gall-bladder contained 5 c.cm. of normal-looking bile. Kidneys larger than normal, on section very pale, stellate veins congested, cortex swollen, considerable amount of fat in pelvis, capsule strips with difficulty. Meninges slightly congested. Brain appears normal.

Anatomical diagnosis: (1) Acute atrophy and degeneration of liver. (2) Slight chronic nephritis and acute cloudy swelling. (3) Mesenteric hæmorrhages. (4) Beginning myocardial degeneration.

Microscopic examinations showed marked damage of the parenchyma of liver and kidneys. The liver lobules were almost unrecognisable, due to the great reduction of liver cords, and where liver cords remained they were remarkably degenerated. The central vein of the lobule was seen supported by the fibrous reticulum. The lobule and Glisson's capsule were infiltrated with round and polymorphonuclear cells. Degeneration and desquamation of the epithelium of the higher tubules were found in the kidneys.

Just before submitting this paper for publication we had the opportunity of seeing an autopsy on a demobilised soldier who died following anti-syphilitic treatment. His history was very similar to the cases in our fatal group, except that he had received only 2 gr. of mercury, but 5.85 g. of salvarsan. The liver on section had the appearance which is usually seen in

acute yellow atrophy, the cut surface being of a yellowish-brown colour, with numerous elevated areas of a deep red. Microscopically, degenerating liver cords were seen in the damaged liver lobules.

Ætiology.

Nearly all the observers of salvarsan poisoning have concluded that the benzol group in the salvarsan is the cause of the poisoning. With this we entirely disagree, as we believe that the cases are typical of delayed arsenical poisoning. It is well-known that arsenic attacks the liver, stomach, skin, and nerves. These were the main organs of the body affected in the series we are reporting. The symptoms in the case of arsenical poisoning following the administration of Fowler's solution are almost identical with the cases following salvarsan.

It is apparent from the cases reported that age and syphilis are not causative factors. It occurred in all army ages, in all stages of syphilis, and in patients who had never had syphilis. The direct cause of the symptoms is poisoning of the liver, skin, stomach, and kidneys by arsenic. One patient had previously had a wound of the liver which possibly was a predisposing cause and led to a diagnosis of abscess of the liver. The abdomen was opened, which probably hastened death. One patient gave a history of an attack of jaundice five years previously. Three of the fatal cases had gonorrhœa at the time of death. In Dr. Wallace Wilson's fatal case, mentioned below, gonorrhœa was also present. One was alcoholic and and chronic nephritis. One had had nephritis six months previously, and one at autopsy showed a gummous mass as large as a tangerine under the diaphragm. It was composed of brownish material. It is not certain whether this was a pre-existing condition, or was due to the breaking down of the liver from arsenic. No particulars of previous history were available.

It is noticeable that all fatal cases but one occurred between November, 1917, and March, 1918. Routine urinary and physical examinations were then insisted.

upon before each administration of salvarsan and mercury in all venereal centres.

Preparations Employed.

None of the cases were treated with the original German preparations, but occasional reports of similar cases are published in the recent German literature. Nearly all the patients were treated with substitutes for neo-salvarsan. Some of the patients were given neo-kharsivan, some galyl, and some novarsenobillon. As there are no records obtainable as to which of these preparations was most commonly used, and as we are not able to find records in all cases of the preparations which the patients received, it is not thought that anything would be gained by giving data as to which preparation was given in our cases. The cause of the poisoning was apparently more a matter of injudicious dosage and lack of physical and urinary examination than of the particular preparation used.

The Salvarsan Committee of the Medical Research Committee has investigated the various preparations very thoroughly, and where fatalities have occurred it has tested capsules of the drug from the batch prepared at the same time. Its report will deal with this part of the problem much more thoroughly than we can attempt to do. Our impression is that it is the administration and not the preparation or composition of the drug which is at fault.

In all cases intramuscular injections of mercury were given at the same time as the arsenical treatment. A few of the patients showed slight symptoms of mercurial poisoning, but mercury is known to be an irritant of the kidneys and in excessive doses to cause degeneration of the tubular epithelium, and it seems not at all unlikely that for this reason it acted as a predisposing factor. If the kidneys were damaged by the mercury the elimination of the arsenic would be delayed. There is no evidence that mercury has a toxic action on the liver. Arsenic is stored principally by the liver and is also toxic to the kidneys. It is excreted by the kidneys and also largely by the skin.

We believe that the combination of "intensive

treatment " by mercury and salvarsan probably favours the occurrence of arsenical poisoning more than when arsenic and mercury are administered in separate courses. Whether the therapeutic benefits of the simultaneous treatment outweighs these dangers we are not prepared to judge. Since returning to civil practice we have noticed several cases of mild jaundice and slight atrophy of the liver. These are all that have occurred in some hundreds of cases where arsenic and mercury have been administered in separate courses. Dr. Wallace Wilson, of Vancouver, has furnished us with the history of a patient who died in Vancouver three months after a combined course of six novarsenobillon and six mercurial treatments.

Fatalities would probably be avoided in all cases if the patient were examined carefully before and after the treatment, and dermatitis, albuminuria, and bile in the urine excluded. Where possible the liver should be screened at the end of each course, as atrophy can sometimes be diagnosed by this method before any other symptoms appear. The following case illustrates how atrophy of the liver may sometimes precede the jaundice.

Pte. L., age forty-two, was admitted to hospital February 20th, 1919, convalescent after influenza. He gave a history of seven doses of salvarsan and seven doses of intramuscular mercury in December and January, so his liver was examined by X-ray screen, February 24th, 1919. The liver was seen to be almost entirely to the right of the middle line, the angle formed by the junction of the vertebral and liver shadows was acute, the upper surface of the liver was more dome-shaped than normal. Atrophy of the liver was diagnosed, and against the patient's wishes he was put on a much reduced diet. He did not see why this should be done, as except for slow convalescence from influenza he had no complaints. He felt better, and at his own request he was given two week's sick leave and discharged from hospital on March 12th, 1919. While on leave he ate freely for the first few days, then he lost his appetite, and on March 26th, 1919, he became jaundiced for the first time and returned to hospital.

His liver showed marked atrophy. He was put on the reduced diet again, and by May 30th, 1919 his appetite had returned, his jaundice had disappeared, and the liver had almost regained its normal size.

Prognosis.

Where the onset is sudden with stupor and vomiting death supervenes in a few days. Where the onset is gradual and no symptoms follow within a month salvarsan treatment the outlook is good but recovery slow. The appetite returns quickly, but the power of digestion is usually poor for some weeks. In some cases patients were unable to take ordinary diet without discomfort for two or three months. Being soldiers, suggestion may partly account for this. A not unusual feature of the early stage of recovery is the apparent absence or great reduction of bile formation. No bile is found in the urine, the stools are clay-coloured and there is no jaundice.

Treatment.

As the nature of our first four cases was not understood no systematic treatment was tried. Purgatives were given. Vomiting was so severe that no food was retained. Morphia had to be given to control mania where it was present. Later it was thought that acidosis was a factor. Bicarbonate of soda was given but the cases were rapidly fatal.

In the milder cases the diet was much restricted as it was thought that the power of digestion was limited, and under these conditions toxic products might be formed from food products which could not be assimilated. Each patient was given 30 oz. of skimmed milk and 2 ozs, of sugar daily. As they improved, 2 ozs. of jam and a slice of bread were added. The diet was intentionally high in carbo-hydrates and low in fat to aid in combating acidosis. Tea and water given freely allayed the hunger to some extent. Gradually the diet was increased. Absolute rest in bed was ordered. Sodi. bicarb. drachms ii. in twenty-four hours were given. Except in the fatal cases vomiting ceased when a small diet was given. Loss of weight was slight.

Prophylactic Treatment.

After the cause of the jaundice outbreak was recognised as due to salvarsan treatment, the cases were carefully investigated by the army authorities and all intravenous treatment with salvarsan was discontinued for a few weeks. It was thought that infection might be the cause of the trouble. All the centres which had treated the cases were investigated and a common factor looked for. While the aseptic technique in some centres was found to be not perfect, in others there was no fault in technique. It was then found that the affected patients had not had a proper urinary or physical examination made before receiving repeated doses. The order was then repeated that an examination of urine must be made the day before each treatment and after each salvarsan treatment. Signs of arsenic dermatitis were to be looked for in all cases. After this routine had been rigidly enforced no fatal cases were seen by us.

From observing the patients closely it was found that moderate damage to the liver caused no appreciable symptoms, but when the damage became greater, loss of appetite and then jaundice appeared. If the diet was still free, the damage to the liver still progressing, severe symptoms developed rapidly, leading to death in a few days. If, however, the diet was kept at a minimum, severe symptoms did not follow. It would therefore appear that the severe symptoms of the fatal cases were due to the inability of the liver to handle the products of digestion carried to it, and death ensued by the poisoning of the body by these products. When patients had been only a few days on the low diet an increase of the symptoms, especially epigastric discomfort, was always produced by increase diet. The patients soon learned this themselves, and though at first inclined to take, surreptitiously, diet not ordered for them, they soon found that it caused them so much discomfort that they were satisfied to remain on the low diet ordered.

Examination of the Liver by X-rays.

One of the most interesting facts brought out by the observation of these patients was the changes in the

appearance of the liver shadow as shown by X-rays. Outlining the liver by percussion is of doubtful value, as it is impossible to be sure of its accuracy. Therefore, use was made of the X-ray fluorescent screen in determining the size of the liver in the last thirty cases under observation. A large number of normal cases were examined in order to discover the normal location and outlines of the liver. All patients were examined standing. The level of the upper border of the liver was marked on the patient's skin, and then the lower border marked. Both markings were made at the end of an ordinary expiration. This revealed the fact that atrophy of the liver was common in the cases of arsenical poisoning, but was found in two other patients only. These two patients were both cases of so-called catarrhal jaundice of long standing. It was found that besides the decrease in the depth of the liver shadow atrophy showed itself by changes in the shape and position of the liver. The angle formed by the junction of the liver and vertebral shadows was frequently acute instead of a right angle as in normal cases. The liver tended to be displaced to the right and downwards, very little of the liver being to the left of the middle line of the body. The relaxed capsule permitted the upper surface of the liver to be drawn up into a more dome shaped outline by the elastic traction of the lung, and the lower border of the liver approached the vertical more nearly than in the normal. In one case of atrophic cirrhosis, the liver being rigid, although atrophied, the change in the shape of the upper surface was not seen.

Post-mortem Findings.

CASE 1.—Pericardial and mesenteric hæmorrhages ; liver weight 32 ozs., semi-fluid ; spleen small ; 200 c.cm dark blood in stomach ; subacute nephritis.

CASE 2.—Peritoneal hæmorrhages ; old right pleurisy ; atrophy of liver ; degeneration of kidneys ; spleen enlarged ; hæmorrhage from stomach.

CASE 3.—Small mesenteric, subpericardial and subpleuritic hæmorrhages ; liver weight 32 ozs. ; spleen weight 8 oz. ; gastric hæmorrhages.

CASE 4.—Petechial hæmorrhage skin of neck; mesenteric hæmorrhages; pleuritic hæmorrhages; blood in stomach +++; mass size of walnut in tail of pancreas, containing black, mucilaginous matter, (?) old blood; liver about one-third normal size, fibrous; congestion of ileum with film coating it; spleen not enlarged.

CASE 5.—Mesenteric hæmorrhages; spleen enlarged and diffuent; kidneys, slight chronic nephritis; hæmorrhage under capsule of pancreas; pericardial hæmorrhages; a pint of hæmolysed blood in stomach; intestines contain blood; liver normal size, nutmeg appearance due to degeneration of parenchyma, less friable than normal; broncho-pneumonia.

CASE 6.—Hæmorrhage in mesentery; old adhesions, left apex; liver smaller than normal; spleen enlarged and diffuent; kidneys enlarged; slight chronic nephritis; blood in stomach; slight myocardial degeneration of heart.

CASE 7.—Mesenteric and pericardial hæmorrhages; liver two-thirds normal size, nutmeg appearance, fibrous; spleen small and diffuent; small hæmorrhages under kidney capsule and under pancreas; blood in stomach.

CASE 8.—Parenchymatous degeneration of liver, also kidneys; superficial erosions of stomach.

Summary.

(1) Fifty-eight cases of delayed poisoning following administration of salvarsan and mercury were observed. Forty-seven of these showed symptoms referable to the liver—namely, jaundice, decreased digestive power, and liver atrophy. Eight of these were fatal (see Schedule) and at autopsy showed marked atrophy of the liver. Atrophy of the liver may be marked in cases which ultimately recover. This condition can be diagnosed by X-rays.

(2) Dermatitis occurred in eight cases. Five were severe with marked exfoliation.

(3) Peripheral neuritis was observed in two cases.

(4) Albuminuria was present in over fifty per cent. of the cases. Œdema was found in two cases.

(5) The onset of the symptoms seldom occurred until five weeks after the administration of salvarsan had ceased.

(6) The earliest symptoms of salvarsan poisoning of the liver were—bile in the urine, albuminuria, loss of appetite, and jaundice. These symptoms should be looked for in all patients receiving salvarsan treatment, and on their appearance the administration of salvarsan should cease.

(7) By X-ray examination atrophy of the liver may be diagnosed at an early stage.

(8) Where evidence of liver damage is present the diet should be reduced to a minimum.

(9) Dermatitis with atrophy of the liver occurred in one patient who received arsenic in the form of Fowler's solution, minims five.

(10) We believe these were cases of delayed arsenical poisoning.

We are indebted to Hon. Captain Lachlan Gilchrist, C.A.M.C., for much help in the examination of the liver by X-rays ; and to Captain James H. Howell, C.A.M.C., who was in charge of the jaundice wards at No. 16 Canadian General Hospital for several months, for his painstaking work on the cases and for keeping accurate records ; and to Captain H. B. Hetherington, pathologist, No. 14 Canadian General Hospital, who performed the autopsies on our fatal cases.

RADIUM IN THE TREATMENT OF TUBERCULOUS ADENITIS.

By ECHLIN S. MOLYNEUX, M.R.C.S.

(Honorary Surgeon to the Warneford Hospital,
Leamington ; late Surgical Specialist, B.E.F.)

THE therapeutic properties of radium have always been a fascinating subject, both to the medical profession and the laity, and the medical profession have by no means, I think, reached the limits of the subject yet.

During 1913-14 I thought I would see what could be done for tuberculous glands by radium. As a result

I am convinced that the day of radical operation will soon be past, that it will no longer be necessary to send children thus affected for prolonged periods to the seaside, and that the unsightly scars which disfigure the necks of so many girls can now be avoided. Radium is, if properly used, a safe, and as far as I can see a certain cure, whether for an early or an advanced case of tuberculous glands. Within the period named I treated between twenty and thirty cases of every grade with radium. In every case the swellings and even old sinuses present, no scars were left. The skin was in some a little red for a few weeks from the action of the radium, but this always disappeared.

In no case was any ulceration caused. It is unnecessary to describe all the initial experiments and the doses used. As a result I find as follows :

Fifteen milligrams of radium bromide, spread out on a flat circular applicator $1\frac{1}{4}$ in. in diameter, and mixed with a special varnish to keep it even and prevent loss, is sufficient for this kind of treatment. The applicator has a screen of silver 1 mm. thick, and a piece of thin gutta-percha tissue tied over the whole to prevent soiling of the radium. The applicator is strapped on over the tuberculous glands. I have found ten hours a suitable time for each application of the above strength—that is, 150 milligram hours. The applicator is applied when the patient goes to bed and taken off in the morning. A different gland or group of glands can be attacked at each sitting till all have been covered, and the course then started again.

The patients usually have had two applications a week. Nothing was noticed for from a week to ten days, but from that time a gradual shrinkage of the glands was observed till nothing could be felt except a few fibrous nodules. I continue the treatment till all signs of trouble have disappeared. In very bad cases I usually gave in addition a few applications three months later, but doubt whether this is really necessary if the first treatment is properly carried out.

Since my demobilisation from the R.A.M.C. I have had an opportunity of inspecting many of the patients I treated in 1913-14. In none of them can I find a

trace of any further trouble, nor have I heard of any I have not actually seen having any signs of recurrence. Evidently, therefore, the cure is usually a lasting one. Should a case recur, I have no doubt that a further course of treatment would restore the patient to health again.

I will briefly quote three typical cases to illustrate the different degrees of the disease treated.

CASE I.—A boy aged four. Early tuberculous glands of the left tonsillar and carotid region no obvious signs of softening.

He had five applications of 15 mg. of radium, ten hours each application, at intervals of seven days. At the end of this time all signs of the disease had disappeared.

CASE 2.—A woman, aged about thirty, had had a swelling on the right side of the neck for a year. It had been treated by iodex, tonics, change of air, and all the usual remedies. When I first saw her the mass of glands was nearly the size of an orange, and there were marked signs of caseation; I was, in fact, afraid lest they would break down and suppurate through the skin before the action of the radium could have much effect. Her general health had suffered considerably.

I treated her twice a week with 15 mg. of radium, ten hours each time for ten sittings. There was an interval of a month, while she was paying a visit, in the middle of the treatment. At the end of that time the neck was perfectly normal. Fortunately the radium began its work before surface suppuration had occurred. I saw her three months later, and she was thoroughly restored to health and there were no signs of there ever having been any trouble in the neck. To take no risks I gave her three more similar applications.

CASE 3.—A boy, aged four, one of a large family, nearly all of whom had suffered from tuberculosis; several had died. His mother and one or two uncles and aunts had died of phthisis. When I first saw him he had extensive tuberculous adenitis on both sides of the neck. The glands had suppurated, and sinuses secondarily infected were present.

I gave him ten applications of from eight to twelve hours each, twice a week. On several of these occasions after four hours the applicator was moved to cover another group of glands, and so on. The same strength, 15 mg. of radium was employed. At the end of this treatment all the sinuses had healed, and the masses of glands had shrunk till only a few fibrous nodules could be felt. The boy had also improved much in health, and when I saw him a few months later one would hardly recognise him.

Carious teeth or unhealthy tonsils and adenoids, if present, must be dealt with at the beginning of the treatment, as it would be folly to cure the existing glands and leave a future source of infection behind.

PERIODIC DRUG DISORDERS.

By LEOPOLD SALZER, M.D.

(Continued from p. 177.)

FLUSHES OF HEAT WITH SWEAT.

PAROXYSMS of flushings of heat, with moisture of the hands, frequently during the day : Nitr ac.

Sudden heat, with sweat and anxious palpitation of the heart : Alumina.

Suddenly, head and face very warm ; this warmth extends over the whole body, is most intense in the region of the stomach and bowels and accompanied by sweat : Acon.

Attacks of flushes of heat, as if hot water were poured on one, with redness of the face, sweat of the whole body, and anxiety without thirst, yet without dryness of throat : Sep.

Frequent flushes in the face and the whole body, followed by perspiration : Ammon mur. Silic. Petrol.

Flushes in the face and head followed by perspiration : Zingiber.

Flushes of heat over the whole body, accompanied by perspiration; : Alcohol. Acet ac. Oxal ac. Spong.

In those instances in which sweating took place the face became flushed and was most marked when

the perspiration was greatest ; the flush involved the cheeks and ears, but soon passed away and was succeeded by pallor : Jabor.

Alternation of dry skin with perspiration : Apis.
Daphne ind.

PAROXYSMAL SWEAT.

Suddenly occurring and as quickly disappearing, general sweat : Bellad.

Frequent momentary sweat, over the whole body, without any heat : Hepar sulph.

Transient perspiration, between the attacks of the fever : Laches.

Much disposition to sweat, sometimes hot, sometimes cold, particularly in the hands and feet : Sep.

Cold sweat alternately on different parts of the body : Conium.

Chilliness alternates with perspiration : Sacch alb.

Cold, clammy perspiration, of an intermittent nature : Cupr arsen.

PAROXYSMAL DRUG FEVERS.

Intermittent fever, returning frequently during the day, at indefinite periods ; first, general heat with sweat in the face, violent thirst and bitterness of the mouth, then chill with general coldness even in the face, with inclination to vomit, pressure in the forehead, extending into the temple ; during the heat, vertigo, as if he would fall : Sepia.

Fever paroxysms with burning pain and formication all over the body : Arundo maur. (In women formication begins in the loins and rises to the face, where it is succeeded by perspiration.)

Fever paroxysms with nausea, coldness, thirst, pain in the bowels and salivation : Arundo maur.

The typhus-like fever, with extreme restlessness alternating with stupor : Ars. alb.

Febrile attacks : Jalapa.

Attack of actual fever (in one prover, this febrile attack resembled rheumatic fever) : Eucalyptus.

Repeated attacks of fever, with pain in the shoulders (Phosph.) and nape of the neck : Ars alb.

PERIODIC DRUG FEVERS.

In some cases, the intermittent fever appears like a *febris erratica*; there occur, at indefinite times, attacks of chilliness, heat and sweat: Morphinum.

Hectic fever: Cupr. Merc. Plumb.

Hectic fever with emaciation, cough, night sweats, diarrhœa, dyspnœa and troublesome swellings of the feet and legs: Ac ac (?)

Daily repeated chills, with sensation of a heavy dragging up of the abdomen when walking and standing: Carbon oxygen.

Coldness of the feet, every day (often associated with oppression of the chest); at times, painfully cold; after which heat sometimes follows: Laches.

Shivering over the whole day, with hot face and cold hands, without thirst—repeated after twenty-four hours: Hyos.

Quotidian intermittent fever, which returns every day, at the same time: Cactus.

Daily, at the same hour, chill, followed by heat: China.

Quotidian ague, sometimes tertian: Ars. alb.

Violent shivering, with yawnings, as in intermittent fever, which she had ten years before; with this the head is confused, drawing in the left tibia down to the ankle, whereby the foot becomes quite cold; this is repeated every other day, as chilliness with cold feet: Bromium.

Every other day, chills: Merc sulph.

Usually tertian, or sometimes quotidian, type of intermittent fever, sometimes anticipating, sometimes postponing; patient complains that at the time when the fever usually occurs, he feels uncomfortable and exhausted; with the febrile paroxysms are associated, neuralgic pains in various nerve-areas, (supraorbital intercostal and cardiac pains); spleen enlarged; after the paroxysm a sediment is noticed in the urine. In the more violent forms of intermittents, delirium occurs during the height of the fever; in this delirium, patient cannot be kept in bed, and is excited even to raving; great exhaustion and prostration follow the fever and continue into the apyrexia: Morphinum.

Anticipating type of tertian intermittent fever. The fever returned four times, receding two hours each time and lasting two hours. Chill passed down the back and around the abdomen : Ol jec as.

Postponing chills : Kissingen.

Tertian fever : Baryta mur.

Swelling of the whole body, face, abdomen, legs and the arms down to the wrist joints, without thirst, but with great shortness of breath lasting three weeks ; fever every second or third day, chill and heat alternating, coming on at irregular hours, even at night, the heat accompanied with sweat all over : Sepia. (The above symptoms give a fair picture of beri-beri, a disease common in various parts of India. Study in connection with Sepia, Dulcam ; Kali nitr, Natr hypochloros, Tarent, and (according to Hering) Nux mosch.

She had three attacks of intermittent fever ; the first in November lasting three days ; the second in December lasting seven days ; the third from the 14th to 16th of January. The symptoms of the attack were as follows ; between 8.30 and 9 a.m., after getting out of bed, chilly with chattering of teeth, nails and lips blue, sometimes sickness on waking, bad taste in the mouth, desire for much cold drink, pulse feeble, wanted to lie down and be quiet and wrapped up, breath offensive, tongue brown ; this lasted till 1 p.m. ; then fever came on. During the fever there was full pulse, frontal pain, not much thirst ; especially hot to touch on abdomen, with pain there ; feet and hands cold objectively ; could not bear the least draught ; breath offensive, tongue brown ; this lasted till 4 or 5 p.m. ; she then seemed well for one or two hours. Then about 6 p.m., she was slightly chilly, till about 8 p.m. Then there was heat again, could not sleep, had bad dreams ; could not sleep after 3 a.m. She was losing flesh very fast and getting very weak. The second attack was the most severe and the third (which occurred after she had been removed to another room, free from the arsenical wall paper) was the slightest : Ars.

Regular intermittent form of fever (in one woman who had taken an infusion of matches) : Phosph.

Quotidian or tertian fever, in the forenoon or towards evening, preceded or not by chilliness : Centaur tagarn.

Every third day, repeated tearings over the whole body, with chills all over the body : Anacard.

Every seven days, fever and ague : Ammon mur.

After the lapse of five weeks, disagreeable feeling of chilliness returning : Antim crud.

Complaints assume the form of intermittent fever : Antim ox.

Paroxysms similar to intermittent fever, repeated, at first, every two weeks and then every month, finally remaining away for a year ; the paroxysm lasted from half-an-hour to two hours, consisting of shivering of the limbs, ending with perspiration : Strychn.

Intermittent fever seems very prevalent amongst the workers in nearly all the mines and factories, as reported by nearly all observers ; but whether due to mercury or local causes, is uncertain : Merc.

(Allopaths are in the habit of prescribing some mercurial preparation prior to administration of quinine, in cases of intermittents. The mercury is prescribed on the ground of some vague speculation, with which we can have nothing to do. Experience seems, however, to show that quinine manifests its antiperiodic virtues better when preceded by mercury. May it not be that mercury is in a rough way homœopathic to intermittents and paves the way to the quinine ?)

One of the men who escaped salivation suffered from intermittent fever : Merc.

The reactionary fever, after the poisoning, assumed the type of an intermittent : Vipera.

“ A person formerly aguish may very easily reproduce the paroxysm with greater or less severity, by the untimely and improper use of Quinine.”—Phillips' *Materia Medica and Therapeutics*. Veg. Kingdom, p. 448.

“ It is worthy of note, that some persons say, that after taking quinine for some time, the drug itself produces similar symptoms (of malarial poisoning with its periodic agues).” Fayrer, *Climate and Fevers of India*, p. 77.

“ I have heard intelligent natives ask not to have

quinine given to them as 'they did not wish to make the fever worse' " *Ibid*, p. 111.)

Occasionally some fever : Cupr.

Daily fever : Conium.

Daily fever, at the same hour, with very short breath : Cina.

Paroxysms of fever, returning at the same hour, every day : Ars. alb.

Quotidian or tertian, remittent or intermittent, rather postponing than anticipating : Gambog.

Intermittent fever, quotidian, tertian, quartan : Podophyl.

Quartan fever, with constant diarrhœa at the days free from fever : Iod.

Quotidian febrile state, consisting in increased heat, frequent pulse, heat in the palm of the hand and desire of lying down all the time, with aggravated ideas about his disease : Tarent.

The fever persisted for a few days with an irregular type and necessitated the employment of anti-periodics : Vipera.

Fever recurs for several days, sometimes in the morning, sometimes in the evening : Verat alb.

Fever, continued or intermittent, quotidian, tertian or quartan, always with great prostration : Robinia.

Tertian fever, with general painful weariness, great hunger and urgent thirst : Bufo (?).

Quartan fever, with intense heat and violent delirium : Bufo(?).

Intermittent fever, every one, two or three days, irregular in its type : Sacch alb.

(From another prover, rather oversensitive to the effects of white sugar, as commonly used, we have a description of the fever, which was invariably caused in him whenever he took sugar ; chill, commencing in the small of the back and spreading thence, up and down (Baptisia) ; severe headache and occasional vomiting ; fever, followed by headache, morbid hunger and a hectic flush in the cheeks ; no sweat except when weakened by repeated attacks ; before and during the paroxysm the burning in stomach and back was simply intolerable ; no thirst.)

Fever of a remittent type and sometimes with brain symptoms : Rhus tox. (According to the unpublished provings of Dr. B. B. Moitra—*Alstonia constricta*.)

Constant fever of a remittent type, reaching its highest point in the evening of the eighth day, when the pulse was exceedingly small and soft : Phosph.

Fever of an adynamic, intermittent type (such as I have frequently witnessed in Peshawar, on the North-West frontier of India), with considerable prostration during these seven days : Strychn.

In this way (viz., by administration to healthy men $\frac{1}{4}$ -grain doses of arsenious acid), can be produced, in healthy persons, attacks of remittent fever, though not such rigors as those of true fever, but only flushing heat, disappearing and returning and chiefly felt in præcordial region, whence it passes to the rest of the body and is especially felt in forehead and eyebrows. Such accessions terminate sometimes in partial or general sweats and at other times merely in a moist state of the skin : Ars.

Regularly recurring perspiration : Strychn. Ant crud.

For double quotidian : Ant tart., Ars. alb., Bellad., Kali bichr., Kali carb., Kali iod., Polyp pin., Puls., Sepia, Sulph.

A PARTIAL CLINICAL PROVING OF A CATARRHAL VACCINE.

By W. BOYD, M.A., M.D. (Glas.) Dispensary Physician
and Radiologist, Houldsworth Homœopathic
Hospital, Glasgow.

THIS year I got a phial of the Genatosan De-toxicated vaccine, for its anti-influenzal action, and had potencies of 6x, 30, and 200 run up by Boericke and Tafel. The 200 potency has not yet given clear evidence of being active, but the 30 and 6x have. They have been tried in some nondescript colds where the patient was on a chronic remedy, and I was reluctant to give anything that might interfere. This anti-catarrhal action would, I thought, merely increase the immunity to the passing catarrh, and not draw so greatly on the general reserves of the constitution which were needed for the chronic

state. Indications were somewhat indefinite. In some cases immediate benefit was noted, and in other cases the benefit was very passing, stoppage of the medicine giving a re-crudescence of the catarrh. These latter cases were usually chronic subjects, liable to frequent catarrhs, and a permanent result was only possible by general constitutional treatment.

On May 5th, 1920, I gave "Coryza" 30 to Mrs. W., a widow, aet. 29, a trained nurse. She had a slight cold, with slight pains in the legs and head. Temperature was normal. The fact of these being what were probably prodromal symptoms of an influenza detracts slightly from the results of the medicine being taken, but it is a reasonable deduction that, if on each taking of the medicine certain definite aggravations of a pre-existing condition arose plus additional symptoms, and these aggravated symptoms lessened or disappeared by the time the four hours between the doses had elapsed, the medicine was definitely acting on the cells or parts of the body involved, provided that the taking of the next dose resurrected the same symptoms or ~~increased those~~ still remaining. This happened definitely in regard to all the symptoms I quote. I have omitted any that were present when she first saw me which were not affected by each dose.

Temperature : May 3rd, 1920, 99.4 ; May 4th, 1920, 99.4 ; May 5th, 1920, 101.2. All evening temperatures.

Mental State : weepy, wanted to be alone, time seemed long, very restless in bed, miserable, depressed.

General sensations : Hot waves from head downwards, followed by chilly waves, described as a sensation of alternate douches of hot and cold water.

Generals : Chilly. Thirsty for cold drinks, marked sleepiness with sleeplessness, dreams, recurrent, of dirty rags being forced into mouth, aggravation in the evening, loss of taste.

PARTICULARS :—

Head.—Frontal headache, aching, throbbing.

Face.—Slight puffiness below eyes. (When inoculated against influenza with an ordinary vaccine some time perviously this symptom had occurred markedly.

Nose.—Discharge thin watery, bland.

Eyes.—Bland watery discharge ; pain behind eyes, fairly acute, relieved by pressure on the eyeballs.

Mouth.—Very hot and dry feeling in mouth.

Throat.—Tickling sensation in the throat causing a cough, increased by eating or drinking.

Cough.—Hard cough causing raw feeling just under upper end of sternum, aggravated by a hot drink, any drink.

Abdomen.—Sensation as if there was an open raw wound completely round the body almost severing it and aggravated by movement. This was a most distinctive symptom lasting for about an hour and a half after each dose.

Bowels.—Constipation for two days followed by colic and natural stool.

Urethra.—Burning while passing water.

Vagina.—Marked itching in the passage.

Extremities, Upper.—Pains in right shoulder-joint and right elbow aggravated on movement.

Lower.—Pains shooting up the calves of the legs Aching in the calves of the legs. Pain in the ankles. Pain in front over the knee cap aggravated by straightening the leg. Very cold feet.

Back.—Pain across lower lumbar region.

The original vaccine contained the following organisms : Pneumococcus, *M. catarrhalis*, Friedlander b., *B. septus*, Staphylococcus, Streptococcus hæmolyticus, Pfeiffer's b. influenzae.

The 200 potency may have some action as a preventative. In a family of seven, two members were given it, when influenza attacked the mother, and these two did not take influenza, but the other four did. In other cases the other members of the family did not take influenza, whereas last year they did once it started in the family. Evidence is not sufficient, however.

It may be possible that further clinical experience will confirm or disallow some of these findings, but it may be of interest that a vaccine potentised to such a dilution can undoubtedly have a marked effect on a sensitive.

HOSPITALS AND INSTITUTIONS.

BRISTOL.

THE Annual Meeting of the Bristol Hospital and Dispensaries was held on May 19th, at Cotham House. This house, which, with its grounds, has been given to the Hospital by Mr. and Mrs. Melville Wills, is the place where the new hospital is to be. Pending building, the present hospital will be transferred into Cotham House itself—which will then serve as the temporary working place. The site is an admirable one.

The Lord Mayor was in the chair, and an excellent meeting of friends and supporters attended. There was great and well-deserved credit accorded to the staff and officials for a most successful year's work. The financial position needs strengthening, but there are good prospects, and altogether at Bristol there is work being done that calls for the sympathy and help of us all. At the close of the meeting a collection was taken that reached £115, and later it was announced that the Lord Mayor's fund would double its last year's contribution.

Dr. C. E. Wheeler, of London, gave a short address on Homœopathy, which was found to be interesting and instructive. We are sure our readers offer congratulations and good wishes to Bristol, and we hope that those who can will give practical help as well.

SCOTTISH HOMŒOPATHIC HOSPITAL FOR CHILDREN.

President :

Mr. William Fyfe.

Vice-Presidents :

Mrs. Andrew Eadie. Mr. John A Ferguson.

Trustees for Funds and Property :

Col. Walter Brown, V.D., D.L. Mr. William Fyfe.
Ex-Bailie William Davidson.

Committee :

Mrs. James A. Allan.	Mr. T. A. Boyd.
Mrs. Walter Brown.	Col. Walter Brown, V.D., D.L.
Mrs. Andrew Eadie.	Ex-Bailie William Davidson.
Mrs. William Fyfe.	Mr. John A. Ferguson.
Mrs. Gibson Miller.	Mr. William Fyfe.
Miss Paterson.	Mr. Thomas McAulay.

Medical Officers :

Visiting Physician : Thomas M. Dishington, M.B., Ch.B. (Glas.)

Assistant Physicians : Thomas Paterson, M.B., Ch.B. (Glas.)
William E. Boyd, M.A., M.D. (Glas.)

Visiting Surgeon : Peter Paterson, M.B., M.R.C.S.,
F.R.F.P.S.G.

Assistant Surgeon : Milne McIntyre, M.B., F.R.F.P.S.G.

Secretary and Treasurer ;

Mr. Hugh Macmillan, C.A, 163, Hope Street, Glasgow.

APPEAL FOR FUNDS.

SEVENTY-SIX years ago Mrs. Browning secured the liberation of the children of Britain from bondage in mines and factories, when, by her cry on their behalf, she roused her fellow-countrymen from complacent disregard of their sufferings :—

But the young, young children, O my brothers,
They are weeping bitterly !
They are weeping in the playtime of the others,
In the country of the free.

'Since then legislation has been busy in the interests of children, and many blots on the fair fame of Britain have been removed. But there are still blots to be removed, and to one of those we cannot shut our eyes—the bondage of so many children to inherited debility and disease ! There are thousands of them among us who might still cry,

“ We are weary,
And we cannot run or leap—
If we cared for any meadows, it were merely
To drop down in them and sleep.”

Much that it is humanly possible to do for these children is being done, but much that Science and

Sympathy might do has not yet been attempted. If such children had cheerful and healthy environment, sufficient nourishment and suitable medical treatment, they would soon be withdrawn from the ranks of the unfit and derelict and be enabled to enter the ranks of fit and useful citizens.

With this end in view, the house known as Oakpark, Mount Vernon, has been gifted as a Hospital for the scientific treatment of the non-infectious diseases of children. Its position is such that children will get the maximum amount of sunshine and fresh air compatible with the necessary proximity to medical skill and to their own homes in the city. They will have the requisite nourishment for the upbuilding of their bodies, and they will be under the care of experienced doctors and trained nurses.

The treatment will be purely Homœopathic.

The Scottish Homœopathic Hospital for Children will be unique in three respects.

(1) In affording children the opportunity of benefitting from the application of an exact medical Science, which is itself unique in its power over the diseases of children.

(2) In affording our younger doctors the opportunity of practising and studying the effects of Homœopathy on the diseases of children.

(3) In affording the Homœopathic public an opportunity of paying part of its debt to Science.

The house has been gifted : the expense of furnishing, fitting and maintaining it has still to be met. An urgent appeal is made, therefore, to those who have themselves benefitted from Homœopathy, to help in any or all of the following practical ways :—

(1) By giving a donation towards a capital fund.

£1,500 would endow a cot,

£250 would name a cot.

(2) By promising an annual subscription towards the upkeep of the Hospital.

£75 per annum would maintain a cot.

(3) By giving donations in money or goods towards its equipment.

We believe that if it is adequately supported by those who have proved Homœopathy, the Scottish Homœopathic Hospital for Children will be one of the historic institutions of Britain, and we appeal to all who share our belief, in the name of patriotism, of humanity, and of science, to give now, and to give generously.

Subscriptions will be gratefully acknowledged by the Treasurer, Mr. Hugh Macmillan, C.A., 163, Hope Street, Glasgow.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE B.H.S. held two meetings in May, both under its President, Dr. E. A. Neatby. At the first Dr. Weir read a paper on "Homœopathic Philosophy," of great value, and Mr. P. M. Wilmot a paper on "Anoci-Association," bringing this subject before the Society in a very interesting way.

Messages of sympathy were sent by the Society to Dr. Burwood, Dr. Shackleton and Mr. G. Hey.

Dr. J. B. Cavenagh was proposed for membership and Dr. Eccles, Dr. Graves, Dr. Kyle, and Dr. Morford were elected to the Society.

At the second meeting Dr. Borland read a record of striking cases to illustrate the methods and results of Homœopathy, and Professor Drummond Robinson very kindly showed a cinematograph film to illustrate the processes of normal labour. This proved of deep interest to a large gathering, and will be invaluable for teaching purposes. A most hearty vote of thanks to Professor Robinson was passed.

Dr. Borland's paper was discussed by Dr. Goldsbrough, Dr. Weir, Dr. Fergie Woods, Dr. T. M. Neatby and Dr. Wheeler; and Dr. Borland replied.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),*Chalmers House, 43, Russell Square, W.C.1.*

RECEIPTS FROM 16TH APRIL TO 15TH MAY, 1920.

GENERAL FUND.

<i>Subscriptions.</i>					£	s.	d.
E. Shorrocks Eccles, Esq., J.P.	..	..	..	..	5	5	0
Dr. A. S. Kennedy	..	..	..	..	5	0	
Kensington College (per James Munford, Esq., Director)	..	..	..	..	1	1	0
E. L. Vinden, Esq.	..	..	..	..	1	1	0
Miss Green	..	..	..	..	10	6	
E. J. Frost, Esq.	..	..	..	..	2	0	
Miss Stormer	..	..	..	..	10	6	
Dr. J. Cavendish Molson	..	..	..	..	10	6	
Cedric R. Boulton, Esq.	..	..	..	..	2	2	0
Dr. W. Wolfram	..	..	..	..	1	1	0
Miss Fanning	..	..	..	..	1	1	0
Mrs. W. Melville Wills	..	..	..	..	2	2	0
W. Currie, Esq.	..	..	..	..	1	1	0
Miss Goulding	..	..	..	..	1	1	0
Mrs. G. Wallace Carter	..	..	..	..	1	1	0
Mrs. Cundy	..	..	..	..	1	0	0

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday, 19th May, at 4.30 p.m.

The Annual General Meeting of Members, Subscribers and Donors of the Association was held at 34, Gordon Square, W.C. (by kind permission of W. Lee Mathews, Esq.) on Monday, 31st May, at 3.30 p.m. A Report of the proceedings of this meeting will appear in the next issue of "THE HOMŒOPATHIC WORLD."

Dr. C. E. Wheeler opened the first Course after the War of Public Lectures at Chalmers House, on Wednesday, 12th May, the title of his lecture being "Homœopathy: its many-sidedness." On 26th May, the second lecture was delivered by Dr. T. Miller Neatby, entitled "Over the top: a new campaign for Homœopathy." The third lecture of this series will be given on Wednesday, June 9th, at 8.15 o'clock, and it is hoped that this course will be followed by a second series.

The Association have undertaken a reprint, in paper covers, of Dr. Wheeler's "An Introduction to the Principles and Practice of Homœopathy," and copies can now be obtained at 10s. 6d. per copy, postage extra.

The B. H. A. Executive Committee have contributed the sum of five guineas towards the funds of the Children's Homœopathic Dispensary, Shepherd's Bush.

Dr. Wheeler attended the Annual Meeting of the Bristol Hospital, and has also addressed an audience of medical men at Glasgow under the auspices of the B.H.A. The meeting was arranged by Dr. Henderson Patrick.

VARIETIES.

ANAEROBIC ORGANISMS.—The report of the Anaerobe Committee clears up a number of dark places in the life of the micro-organisms which shun the air. It has always been something of a puzzle to conceive how strict anaerobes, such as *B. tetani*, which live in cultivated soils, can find conditions sufficiently anaerobic to suit their mode of life. Pasteur's original explanation was that the aerobes living in association with anaerobes are able to abstract oxygen quickly enough to create loci of anaerobiosis. Kedrowsky offered the explanation that the aerobes elaborate substances of a special kind which favour the growth of anaerobes, but this view is not in agreement with the facts. That such a special pabulum is unnecessary is shown by the growth of anaerobes in pure culture on media of the same composition as that required for aerobes. Pasteur's view was modified by von Oettingen, who likened the action of aerobes to that of a reducing substance in solution, but this is a small distinction which may be ignored. It may be said that substantially Pasteur's idea still holds the field. The probable chain of events in the life of a sporing anaerobe living under natural conditions is an alternation between the spore and bacillary form with the variation of the oxygen tension in the immediate neighbourhood of the organism.

Can an anaerobic bacterium multiply in a medium completely deprived of oxygen? A great deal of labour has been expended in attempts to answer this question, which is of both philosophical and practical importance. The energy required by cells for the maintenance of life and for the performance of their

natural functions is normally obtained from oxidation processes. We know that most bacteria and some animal cells, such as nucleated red blood cells, are able to exist for a time in the absence of oxygen, but their manner of life is generally altered. Thus the mould, *Mucor racemosus*, which burns glucose to CO₂ and water in the presence of oxygen, is unable to carry the process of combustion beyond the stage of alcohol and CO₂ under anaerobic conditions; at the same time the mould undergoes morphological changes. The yeast cell shows the same alteration in its metabolic activity when it is placed in an oxygen-free sugary solution. The energy for growth and function is here obtained from a chemical process which yields something like a twentieth of the energy of that derived from the usual complete oxidation of glucose. It appears, therefore, that in aerobic organisms the cellular mechanisms, by which chemical energy is utilised, are adaptable to reactions other than those which normally occur. The metabolism of anaerobes is of a special kind, and it is of great importance to know whether absolute anaerobiosis is optimal or whether a very low oxygen tension is necessary for maximum growth. The technical difficulties involved in the solution of the problem are very great; for example, the oxygen condensed in an excessively thin film on the surface of glass cannot be neglected. Noguchi, in his work on the cultivation of the *Treponema pallidum*, used a perfectly air-tight desiccator, which was evacuated under a pump, washed free of air by means of a stream of pure hydrogen, evacuated again, and the process repeated until the gas in the desiccator was unable to darken a clear solution of pyrogallol in caustic soda. By means of such methods sufficient evidence has been accumulated to show that the strict anaerobes can grow and divide under perfectly anaerobic conditions, but most observers have concluded that a certain minute amount of oxygen is necessary for optimum growth in which the oxygen takes part. The general rule may be laid down that there are no sharp lines dividing organisms into aerobes and anaerobes. Most bacteria are able to exist comfortably over a wide range of oxygen tensions. The aerobes are adapted for growth in an atmosphere containing oxygen in a percentage approaching that of air; the anaerobeic bacteria vary in their repugnance to oxygen within limits ranging from 0 to about 20 mm. tension.—*Lancet*.

MODIFIED ENTERIC IN INOCULATED PERSONS.—It is now generally agreed that enteric fever occurring in a patient who has been inoculated against the disease is altogether of a milder order than the same disease in an uninoculated person. This fact was constantly observed by R.A.M.C. officers who had the opportunity of studying cases of enteric among the unprotected civilian population of France and among our protected troops. The disease may be so mild indeed as to lead experienced clinicians astray. The difficulty of diagnosing typhoids and paratyphoid infections, among the very large number

of cases of pyrexia of doubtful origin, was therefore constantly present and exercised the wits of clinician and bacteriologist alike. In the end bacteriological diagnosis was the final court of appeal. Where either a typhoid or paratyphoid bacillus could be isolated from the blood or from the stools, there was, of course, no hesitation in classing a case as enteric, however mild the symptoms may have been. But the exigencies of military service often prevented the prolonged observation of a patient in the early period of his disease, and bacteriologists were consequently unable in a large number of cases to give a definite opinion as to the nature of the disease. It was in such cases as these that the diagnosis of enteric by fluctuations in the agglutinating power of the serum was most practised. The reliability of the method, which we owe to Professor G. Dreyer and his co-workers, has been, and still is, keenly debated. Those who accept the method without reservation are led by their results to believe that a considerable proportion of cases of P.U.O. were in reality cases of modified enteric; and they are further compelled to conclude that prophylactic inoculation not only reduces the incidence of the disease and moderates its severity, but that it also diminishes the chances of recovering the infecting organism from the blood or fæces or urine. The debate on this important subject is not yet ended, but an informing contribution to the discussion has been made in a Green Book just published by the Medical Research Committee.* In this essay Drs. W. W. C. Topley, S. G. Platts, and C. G. Imrie review the whole question in an impartial way. They have investigated in an experimental fashion the basis of Professor Dreyer's method, which they conclude is trustworthy and enables "successive determinations of the agglutination titre of the serum to be carried out with the requisite degree of accuracy." They discard, however, the method of recording the agglutinin in terms of "agglutinin units," a reservation of considerable importance. By means of the Dreyer technique Dr. Topley and his collaborators have studied atypical febrile conditions, and have arrived at the conclusion that some five to seven per cent. of the cases of P.U.O. from the Western front were enteric of one sort or another. In giving this result the authors frankly recognise that its palidity depends entirely upon serological evidence, and "must stand or fall by the reliability of this method of diagnosis." They admit fully the importance of the criticisms and conclusions of the American Trench Fever Commission, which subjected the method to a thorough and searching test and finally declared that fluctuations of agglutinin titre are of no diagnostic significance. But upon the balance of evidence they are inclined to believe that their own conclusions are valid.

* Medical Research Committee: Special Report Series, No. 48. A Report on the Probable Proportion of Enteric Infections among Undiagnosed Febrile Cases Invalided from the Western Front since October, 1916, by Drs. W. W. C. Topley, S. G. Platts, and C. G. Imrie.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, Russell Square, W.C.1, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

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| <p>Barling and Morrison. A Manual of War Surgery. With an Introduction by Major-Gen. Sir George H. Makins. 8vo, pp. 495. n. 21s.</p> <p>Cameron (S. J.) A Manual of Gynæcology, 2nd edition, revised. Royal 8vo. n. 25s.</p> <p>Cunningham's Manual of Practical Anatomy. Vol. I. Revised and edited by A. Robinson. 7th edition. Cr. 8vo. pp. 451.</p> <p>Davis (W. Clyde). Essentials of Operative Dentistry. 3rd edition. 8vo. n. 21s.</p> <p>Encyclopædia Medica. 2nd edition. Under the General Editorship of J. W. Ballantyne. Vol. VI.—Heat Fever to Intertrigo. Royal 8vo, pp. 666. n. 25s.</p> | <p>Findlay (Leonard). Syphilis in Childhood. Cr. 8vo, pp. 166. n. 8s. 6d.</p> <p>Jack (William R.) Wheeler's Handbook of Medicine. 6th edition. Cr. 8vo, pp. 573. n. 12s.</p> <p>Midwife's Pocket Book (The). With which is incorporated the Midwife's Pocket Encyclopædia. 7th edition. 18mo, pp. 188. n. 1s. 3d.</p> <p>Pharmaceutical Pocket Book for Practitioners and Students (The). 9th edition. 18mo, pp. 360. n. 3s. 6d.</p> <p>Pope (Amy E.) Pope's Manual of Nursing Procedure. Cr. 8vo, pp. 607. n. 10s.</p> <p>Sutton (R. L.) Diseases of the Skin. 3rd edition. Royal 8vo. n. 42s.</p> |
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JUST PUBLISHED.

AN INTRODUCTION TO THE
Principles & Practice of Homœopathy

By **CHARLES E. WHEELER, M.D., B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

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ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Burford, London—Mr Knight, Ilchester—Dr. Bodman, Bristol—Dr. Boyd, Glasgow—Mr. MacMillan, Glasgow.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homöopatien Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica.

The Homœopathic World.

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Periodic Drug Disorders.
London Homœopathic Hospital. Report of the 70th Annual General Meeting.

HOSPITALS AND INSTITUTIONS:

Michigan, Calcutta Homœopathic College.

SOCIETY'S MEETINGS:

British Homœopathic Society.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

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THE HOMŒOPATHIC WORLD.

JULY 1, 1920.

THE B.H.A.

THE Annual Meeting of the B.H.A. is described in this number. It is our yearly privilege to plead its cause, though at times weal most despair of the slowness with which the conception of a central co-ordinating body commends itself to homœopathists. Nevertheless there is movement and advance and we can but persevere and persist. Surely to-day, at least, the need of a body capable of speaking and acting (if need be) for all our scattered forces is obvious. So obvious that few, if any, would controvert it; but the step from acquiescence to active support seems hard to take. Yet the demands of the B.H.A. on its supporters are not great. If every believer in Homœopathy would give it 5s. a year, little more than a penny a week, the Association would be content, though the full privileges of membership need a little more. But something is needed from *every* believer. Cannot physicians realise that if ever their own interests are threatened, no local strength can speak for them as a central body can? Cannot local institutions realize that small sums from all over the kingdom would make a central fund from which local necessities could be helped? And that the best lever to use in appealing to those who have no local institution is the fact that those who have their own hospitals to support, nevertheless, find a little for the B.H.A. We earnestly implore our readers to think of these things, and if on consideration they reach the conclusions which seem to us inevitable, we beg them to act on those conclusions, and send something to the B.H.A.

NEWS AND NOTES.

THE BANNER OF GLASGOW.

THE strength of Homœopathy at Glasgow is unquestioned and is increasing. Recently a gathering of over thirty non-Homœopathic physicians and surgeons, including several leaders of the profession in the city, proved willing to hear a long and detailed statement on the nature of Homœopathy and showed both curiosity and interest. This is a noteworthy phenomenon and sets us wondering why Glasgow should be thus successful. We think the causes are threefold, and interdependent. First the influence of a really great and single-minded physician, Dr. Gibson Miller; second, the devotion and skill and hard work of a band of his friends and pupils, our present colleagues; third, the fact that master and pupils alike have preached and practised Homœopathy for *all it is worth*, never neglecting any desirable adjuvant means to recovery, but so proud of and so sure of the value of Homœopathy that they have forced its worth on the vision of every enquirer. And hereby hangs a moral for us all.

A WORD OF CAUTION IN CHRONIC ARTHRITIS.

"THOUGH it is not unlikely that a focus in a tooth is sometimes and one in the tonsil is often, the point of entry for bacteria, it should be remembered that once the micro-organism has entered the blood its connection with the portal of entry ceases. For this reason, though the removal of the affected teeth or tonsil will, if these are really the site of the original focus (which is not by any means always certain even when they are abnormal), prevent re-infection or recurrences, such proceedings have absolutely no influence upon the joint condition as it already exists. Moreover, it must be remembered that a focus in the joint structures, like a focus anywhere else, besides causing local changes may be, and no doubt often is, a source of general infection and metastases."—DR. NATHAN, *quoted by* DR. KERR PRINGLE.

A PAMPHLET ON HOMŒOPATHY.

THE B.H.A. is offering a prize of £10 for the best short statement of the meaning and value of Homœopathy. Particulars can be obtained from the Secretary at 43, Russell Square.

THE METABOLISM AND EXCRETION OF QUININE.

THE War Office has reprinted, in separate form, that portion of its recently-issued volume of "Observations on Malaria" which deals with the excretion of quinine. This subject is reported on by Dr. M. Nierenstein, lecturer on bio-chemistry in the University of Bristol, who was working during the war under Sir Ronald Ross at the malarial laboratory of the 4th London General Hospital. Dr. Nierenstein's first task was to compare the reliability of the various tests for quinine in urine. The most delicate of the qualitative methods is, he finds, that devised in 1853 by Herapath, of Bristol, and recently elaborated by Ramsden and Lipkin, of Liverpool. A number of quantitative methods was also tested critically, and that of Barratt and Yorke selected as being most reliable. Using this technique, Dr. Nierenstein made 1668 estimations of the excretion of quinine, and it is on this basis that he draws his conclusions. From these it appears that only about half the quinine administered to the human subject is excreted as such in the urine. The remainder, it seems, is metabolised, and two disintegration products, quintinine and hæmoquinic acid, were found in the urine. This latter was almost constantly present in the urine of blackwater fever cases, and in much larger quantities than in the urine of ordinary malarial patients. It was found that variation in the dosage from 20 to 70 gr. daily produced little or no variation in the proportion of quinine excreted unchanged, but that a dosage of over 30 gr. per diem, which raised the unchanged quinine in the urine above 11 gr. per litre, was apt to cause albuminuria. Variations in the preparations used and in the methods of administration made no great difference to the proportion excreted unchanged. Dr. Nierenstein's general statements are

supported by a great wealth of detail in his report, which deserves close study.—*Lancet*

BRITISH HOMŒOPATHIC CONGRESS.

SEPTEMBER 9th and 10th, 1920.—President: H. Wynne Thomas, Esq., M.R.C.S., L.R.C.P., Secretary, George Burford, M.B.; Local Secretary, Dr. J. C. Powell.

Preliminary Notice.

The Annual Assembly of the British Homœopathic Congress, will take place in the current year in London, on the above dates, at the Connaught Rooms, Great Queen Street, W.C.2.

The Presidential Address will deal with the Importance of Provincial Homœopathic Hospitals in the Continuance and Expansion of Homœopathy.

Following the Presidential paper it is anticipated that Professor John Preston Sutherland, Dean of the Boston University College of Medicine, will address the assembly on the "Ideals of Homœopathy." Professor Sutherland is coming to Europe at this time to convey to all interested in the progress of Homœopathy the fruits of his ripe judgment and experience.

As both these addresses will be of interest to lay friends of Homœopathy as well as to the members of the profession, the whole morning will be devoted to the consideration of the subjects as above outlined.

The later part of the Congress will be devoted to the subject of Rheumatoid Arthritis, with an account of some recent results obtained under Homœopathic treatment, mainly by the High Dilution methods. Dr. Hall-Smith will read the first paper, and recount his Cambridge experiences in the pathology, and also in the treatment of this malady. He will be followed by Dr. D. M. Borland, of London, who will deal mainly with the treatment of Rheumatoid Arthritis in its various aspects by High Potency Methods; and it is expected that Dr. Miller Neatby will also contribute a clinical paper on the same subject.

The full details of the Congress meeting will be issued so soon as the programme is completed.

GEORGE BURFORD, M.B., *Secretary*.

ORIGINAL COMMUNICATION.

PERIODIC DRUG DISORDERS.

By the late LEOPOLD SALZER, M.D.

(Continued from p. 227.)

PERIODIC MORNING DRUG FEVER.

CHILL.

WEAK and chilly in the morning : Verat alb.

In the morning she feels chilly while in bed ; chilliness continues the whole forenoon : Arn mont. (Arnica has : when waking from sleep (day or night) he feels an internal continued chilliness, without ever having any shivering.)

Morning when in bed, he has a feeling of cold on the right side (Crocus) on which he is lying : Arn mont (?).

At 5 a.m. in bed, chilliness : Bovista.

From 6 to 9 a.m., chilliness, cold to the touch externally, with griping in the abdomen, without subsequent heat and without thirst : Bovista.

Several mornings in succession, about 8, shivering for one hour-and-a-half : Conium.

On rising from bed in the morning, chilliness, which was preceded by sweat at about midnight : Hep sulph. In the morning in bed, chilliness : Graphites.

For several days commencing in the morning, general, shaking chills with gooseflesh ; painful sensitiveness of the external head to touch and motion ; drawing tearing in the limbs and frequent sticking in the joints, especially of the elbows and shoulders, without thirst Helleb nig.

From morning till evening, chilliness for four days : Magnes carb.

Chilliness in the morning after rising, for several days in succession : Nux vom.

In the morning, sensation of chilliness in the back and limbs, with painfulness of the skin as if it had been frozen, and a sensation of falling asleep in the limbs, like that caused by cold water : Nux vom.

In the forenoon before 9, chilliness, ice-cold hands and blue nails (he was obliged to lie down) lasting till noon. After the chilliness, thirst followed by heaviness of the head, throbbing pain in the occiput and heat of the face, with usual warmth of the rest of the body, lasting till 3 p.m.; in the evening felt well; at night profuse sweat especially at the abdomen; after the heat, nausea; Quotidian attack: Dros.

Chill on rising; chill preceded by a miliary eruption, most copiously developed on the forehead and face; during chill, great hunger; any food taken was speedily vomited; intolerable pain in the back and neck and hip joint; in the hot stage, urgent thirst with muttering delirium. Miliary rash becomes dark, almost of a livid colour. This group of symptoms repeated itself daily for a fortnight: Ailanthus.

Every day at 9 a.m., febrile shivering down the back (Verat alb) with some nausea, without subsequent heat: Magnes carb.

At 4 a.m., severe attack of cough, with shivering, lasting for hours: Ara card.

Morning chills—sweat in the evening: Phosph.
(As a rule phosphorus has rather pronounced evening chills.)

In the morning and evening, chill and internal chilliness; it constantly seems as though one would freeze even in a warm room: Puls.

Morning and evening, chilliness: Chlorum (?).

Fever with shaking chill, especially in the morning: Sarracenia.

Chilliness, every morning after rising: spigelia—
(the chills extend from the feet upwards: Acon).

Chilliness without thirst, every morning: Thuja.

Febrile chill with thirst, in the morning: Verat alb.

In the morning first chilliness, afterwards heat: Arn.

In the morning after waking, chilliness, sometimes with slight heat between the attacks of chilliness; this continues till after mid-day, when it is followed by an increased warmth, especially in the head, with symptoms of impending coryza, especially moisture of the nose and sneezing: Berberis.

In the morning, coldness with shuddering ; in the afternoon, general heat and thirst : Copaiba.

In the morning chilliness ; heat throughout the rest of the day but no perspiration : Eupat perf.

In the morning the paroxysm of fever generally commences, thirst several hours before the chill, which continues during the chill and heat : Eupat perf.

Especially morning and evening, (on going to sleep) persistent icy coldness of the feet, mostly with heat of the face, violent beating of the heart and apprehensiveness : Natr carb.

PERIODIC MORNING HEAT.

In the morning, the febrile symptoms occur more particularly and are accompanied with great malaise and tendency to delirium which ceases during the sweat : Æthusa.

In the morning especially, dry hot skin, lasting till mid-day : Ailanthus (?).

In the morning after waking, dry heat over the body : Arn.

For several mornings on waking, after a restless night, orgasm of blood : Calc carb.

In the morning troublesome heat in the palms of the hands : Carb an.

In the morning, glowing heat in the face : Crocus. Sepia.

He gets very hot in the face in the morning ; pale face in the evening : Sepia.

Violent dry heat in the head, with glowing face in the morning on waking : Sulph.

In the forenoon, in others in the morning, heat in the head : Bry.

In the morning in bed, sensation of general heat with thirst, whereby he doesn't wish to be uncovered : Ignat.

About 3 a.m. heat all over : Ignat.

Especially in the morning, increased warmth : Mephitis.

Very early in the morning, heat in the soles of the feet ; he tries to cover them because cold causes intolerable pain : Nux vom.

Fever every day in the morning : Thuja.

Fever, especially in the morning on waking, in the evening when going to bed and during the night : Kali iod.

Morning till evening, fever : Robin.

Febrile heat every morning about 9 o'clock and in the afternoon about 5, lasting about an hour with deep yawning, excessive thirst, headache and pulsation in the abdomen : Kali carb.

Anxious heat from 4 to 5 a.m. and from 5 to 6 p.m. : Sepia.

Dry heat in the morning in bed : Sulph.

The night fever abates in the morning : Acon.

MORNING SWEAT.

Morning sweat over the whole body : Am carb., Coloc, Nat mur., Silic., Calc carb., Lycop., Nux vom., Phosph ac., Nitr ac., Ferr., Magnes carb., Acet ac., Pimpin., Calc acet., Sepia., Tilia., Puls., Rhus tox., Senecio.

Morning sweat over the whole body, from the time he wakes to the time he rises : Ars alb.

Towards morning, general sweat with only the ordinary warmth of the body : Helleb nig.

Sweat, especially towards morning, but also during the night : Chelid maj (.) Kali iod.

Every morning he perspires ; if he falls asleep a second time and if he then rise he is so weary and exhausted that he would rather lie down again : Ignat.

Nearly every morning sweat with thirst : Magnes mur.

Every morning sour sweat all over, with great weakness of the limbs for the first hour afterwards : Iod.

Began to perspire after 5 a.m. : Nux vom.

Every morning, perspiration all over, exhausting him : Phosph.

Towards morning perspiration and feeling of anxiety : Phosph.

During the sleep in the morning, sweat, disappearing after waking : Puls.

Sweat every morning in bed after waking : Sepia.

Sweat in the morning after waking, continues all day, makes him weak in the evening : Sepia.

Sleep heavy, exhausting every night, with sweat in the morning : Hyperic.

Profuse perspiration, after 4 a.m. every morning : Stannum.

Morning sweat always after waking, about 6 or 7 o'clock : Sulph.

Profuse sweat at waking, 5.30 a.m. : Sepia.

When remaining in bed after 6 o'clock, begins to perspire : Alumina.

Especially in the morning in bed, debilitating, sour sweat : Bufo., Lycop.

Sourish night sweats, (nux vom., Iod.) five mornings in succession : Sepia.

In the morning on waking, general biting, itching perspiration : Paris quadrif.

Morning sweat, mostly on lower part of the body : Sepia.

Every morning, profuse sweat of the feet : Puls.

Sweat on both thighs, in the morning : Rhus tox (?)

Morning sweat, on the joints : Ammon carb.

Morning sweat, only on the face : Ars alb.

Early in the morning, sweat (profuse over the whole body or solely about the head). Hep sulph.

Every morning in bed, sweat on the neck : Euphorbium.

Every morning in bed, sweat on the sternum : Graph.

Morning sweat, mostly on the neck, nape of the neck and forehead : Stannum.

Profuse perspiration in the morning only on itching parts : Sulph. In the morning the paralysed parts are often covered with a copious viscous perspiration : Plumbum.

Towards morning cold sweaty feet : Merc.

Towards and in the morning, sweat on single parts : Calc phosph.

Morning and night sweats : Ammon mur., Ant tart., Argent nitr.

Every other morning, general warm sweat : Antim crud.

In the morning at daybreak, perspiration till towards

noon, on alternate mornings and each time preceded by headache : Ferrum.

Sweat, especially upon chest, every morning from 5 to 6 a.m. for eight days in succession : Borrista.

Morning perspiration, particularly on the body and occiput : Ferr magnet.

PERIODIC FORENOON DRUG-FEVER.

In the forenoon much thirst ; an hour after chill over the back : Angustura.

From noon and at times appearing earlier, till evening, febrile chill with gooseflesh : (Paralytic-like heaviness of the limbs, worse during the fever.) Carduus benedic.

Chilliness, in the forenoon : Antim crud. Sarsap., Graph.

Usually about 10 a.m., lasting from half an hour to an hour, chilliness in the back with cold hands and blue nails ; sometimes the coldness extends into the arms : Con. mac.

Shivering, several forenoons, about 10 o'clock, with coldness in the hands, deadness of the fingers and insensibility of their tips : Stannum.

Intermittent fever, especially in the forenoon : Guarea. (The Guarea symptoms as they are quoted, in Allen's Encyclopædia, from Dr. Petroz's Record, contain both pathogenetic and clinical symptoms.)

In the forenoon lassitude and great chilliness ; in the afternoon shaking, chilliness in the back : Alumina (?)

Before mid-day and in the evening horripilation : Allium sat.

At 11 a.m. chill ; in the evening at 6, heat : carb veg.

Daily at 10 a.m. febrile chill, but gradually recurring later. Head constantly hot during febrile chill, great heat of head and face in the afternoon : Kissingen.

At 9.45 a.m. frequent chilliness in the back with cold hands : Ledum.

Chilliness for an hour, at 10 a.m., followed by rest till 3 p.m., then heat in the head and the hands for two hours, with thirst : Sulph.

Fever every forenoon ; internal chilliness, worse daily, with vertigo as if the head would sink down, without thirst ; followed by such great weakness that he could no longer go upstairs ; with perspiration day and night only on the head which was puffy : Sulph.

Till 11 a.m. I am always very cold ; from 12 to 2 p.m. excessively hot ; from 3 to 4 p.m. again cold and before bedtime hot once more : Sulph.

The whole forenoon, shuddering over the whole body which passed into a febrile chill with gooseflesh and coldness, the head being hot and the hands cold : Argent nitr.

FORENOON HEAT.

From 11 a.m. to 12 or 1 o'clock, hectic fever every day : Argent met.

In the forenoon, (in other provers in the morning), heat in the head : Bry.

From 10 a.m. to 3 p.m. external heat : Canthar.

At 11 a.m. or thereabout, heat and redness of face in patches : Natr mur.

Fever, usually occurring from 10 a.m. to 8 p.m., or from midnight to 8 a.m., without being preceded by perceptible cold ; sweat, little : Silic.

Great heat of the face and hands with prostration and hypochondriac mood for several forenoons : Nux mosch.

Flushes of heat, every day after breakfast : Thuja.

Every forenoon or every other forenoon, heat, preceded or not by chilliness : Centaurea.

FORENOON SWEAT.

There is not a single remedy in our *Materia Medica* which has produced a periodic forenoon sweat, and only one remedy that has produced partial periodic noon-sweat ; as may be seen from the following :

Unusual perspiration of the feet, not offensive, so that by 6 p.m. he had to dry his stockings ; this was repeated for several days, beginning at noon : Lactic acid.

VOLUNTARY HOSPITALS.

NOTE.—We have the honour to reprint these letters from "The Times" as we consider them important and timely.

[Ed. H.W.]

DEBT DUE FROM THE STATE.

[TO THE EDITOR OF "THE TIMES."]

SIR,—The voluntary hospitals of the country are in a bad way. Viscount Knutsford's revelation of the critical position of the London Hospital might exactly illustrate the position of nearly every hospital in London, and of most of the hospitals of the country.

Yet if the Government would exercise powers they already possess without reference to Parliament, the position would be greatly relieved in most instances. During the war the army authorities drew liberally on the resources of all our general hospitals, and they have not yet paid what they fairly owe for the assistance rendered. For the last two years of the war the payment for service patients was at the rate of 4s. and 4s. 9d. per day, while the cost per occupied bed was two or three shillings per day in excess of this figure. Throughout 1918, 3,685 beds were used in London by naval and military patients, and the Government were given something which cost the hospital authorities at least £200,000 more than they received. The difference between what the beds cost and what was paid for them during the war would be something in excess of half a million for London alone.

The aggregate deficit in London last year was £200,000; this year's deficit will be in the neighbourhood of £300,000. If the Government at once make a distribution of £500,000 to the hospitals of London, and an appropriate grant to provincial Hospitals, which stood by them during the war, immediate needs would be met and hospitals would have courage to carry on until better times. Hospitals which did not take Service patients, such as women's and children's hospitals, would not benefit, but the hands of King Edward's Hospital Fund and the Red Cross Society would be so greatly relieved that they could give special attention to such institutions.

This is a suggestion for a scheme of immediate relief which can be carried out without any delay, as the basis of payment is already on the records of the War Office and Navy. More time would thus be given to the Ministry of Health for the consideration of any system of subsidy under the new Health Services Bill, and the scheme I suggest would have the advantage of putting off the piteous expedient of closing beds.

I am, Sir, your obedient servant,
May 31st. SCRIBA.

[TO THE EDITOR OF "THE TIMES."]

SIR,—I am quite in agreement with "Scriba's" letter published in your issue of to-day and would add a few remarks in support of his suggested scheme to relieve the present distress of the voluntary Hospitals.

It is of course an indisputed fact that the Hospitals rendered incalculable services to the State, and stood by it during the War, by placing at the disposal of the Military and Naval authorities a large number of beds for the treatment of casualties.

The Lay Boards threw themselves most energetically into the work of helping in every way to provide comforts for these Soldier and Sailor patients. While the Medical and Surgical Staffs, without fee or reward, administered to the patients.

The hospitals received a grant of 4s. and later increased to 4s. 9d. per patient per day. This sum, however, proved, as "Scriba" states, totally inadequate to meet the cost of maintaining such patients and the additional expense had to be defrayed by Charitable means, which, in regard to this particular hospital, the London Homœopathic—which placed beds at the disposal of the Admiralty—is more fully outlined in the table on the next page.

An application was made to the Admiralty at the end of 1919 for a grant towards this extra cost, but the reply was :—

"It is contrary to the general Admiralty practice to award such grants in addition to fees on a capitation basis."

Year	Total No of Naval Patient Days	Average Daily No of Beds occupied by Naval Ratings	Amount received per Patient per day	Actual cost of each Naval Patient per day to Hospital	Difference to be made up out of Charitable Funds	Total Amount chargeable for whole year. Difference to be made up out of Charitable Funds
1915*	2,322	25	4 0	6 3	2 3	261 4 6
1916	14,452	40	4 0	6 0½	2 0½	1,475 6 2
1917	26,333	72	4 0	6 2	2 2	2,852 14 10
1918	26,944	74	4 9	6 8	1 11	2,582 2 8
1919†	3,515	11	4 9	7 7½	2 10½	505 5 7½
Total of Difference to be made up (1915 to 1919 inclusive) out of Charitable Funds						7,676 13 9½

* From October 28th. † To November 13th (date of last man discharged).

The whole amount, of £7,676, therefore, has had to be paid out of the Hospital's funds, and swelled the deficit by that amount. The accumulated deficit of the London Homœopathic Hospital to the end of 1919, was £16,831 partly met by a loan from the Hospital bankers, for which the present high bank rate of interest has to be paid, and it can readily be understood how welcome this sum of £7,676 would be to our Treasurer, Lord Donoughmore, at the present moment.

Yours truly,

E. A. ATTWOOD,

The London Homœopathic Hospital, *Secretary.*
Great Ormond Street,
London, W.C.1.

NOTIFICATIONS.

* * Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements

DR. T. M. NEATBY.

The practice carried on at 11, High Road, Streatham, S.W., by DR. NEATBY (formerly by Dr. Robertson) will be transferred on June 30th to 102, *Ribbindale Road, Streatham*, Corner of Mitcham Lane. Trams pass the door. Telephone : 1052 Streatham.

DR. FERGIE WOODS.

DR. FERGIE WOODS has commenced consulting practice at 31, *Wimpole Street, W.* (Tel. Mayfair 4262), specialising in chronic complaints, especially of children. Consultations at present by appointment.

DR. T. E. LAWSON.

DR. T. E. LAWSON has taken over the practice of Dr. Fergie Woods, at 8, *Park Drive, Golders Green, N.W.3.* Telephone : Hampstead 6795. Consulting hours remain as they were with Dr. Fergie Woods.

HOSPITALS AND INSTITUTIONS.

CHILDREN'S HOMŒOPATHIC DISPENSARY.

THE Sixth Annual Meeting of this Institution was held at the L.H.H. on June 23rd, with Sir George Wyatt Truscott, Bt., in the chair. It is clear that the Dispensary work is increasing—patients are up by fifty and attendances by nearly 300. The only difficulty is that of supplying sufficient staff for the increasing needs of the Institution. There is here an opportunity for any young man interested in the Diseases of Children.

Financially, the Dispensary pays its way, no small feat in these difficult times. Mr. Handfield Morton has had to resign the Chairmanship owing to the fact that he now lives out of London. Mr. Eric Hartridge fills the vacancy.

BOURNEMOUTH.

THE Forty-first Annual Report of the Hahnemann Home and Dispensaries at Bournemouth, comes to hand a little late. In an earlier issue a word or two was said of the Annual Meeting in February. It is enough now to notice that the admirable work continues, but there is a deficit on the year's working almost entirely due to increased cost of living. Everyone is only too well aware of the many pressing calls on generosity to-day, but we venture to plead for Bournemouth, as being more than a local Institution. It takes patients from the whole United Kingdom and ought in justice to receive a good deal of outside support. We hope some, at least, of our readers will remember this and do what they can. Of 157 patients treated during the year only five were unimproved and only one died. So that we can offer heartiest congratulations to the medical and nursing staff.

BROMLEY

THE Annual General Meeting of the Phillip's Memorial Hospital was held on June 2nd. The Mayor took the chair and a good number of ladies and gentle-

men attended. The admirable results of treatment at this model hospital are monotonous in their excellence. This year of 165 cases only three died and four were reported as unimproved, while 129 were cured outright, and twenty much improved. Financially there is a surplus this year, thanks to special efforts. In the future considerable expense must be incurred and every friend of Bromley must take steps to meet an inevitable strain. But we cannot believe that the supporters of such an institution can fail.

Dr. C. E. Wheeler attended the Annual Meeting as a delegate from the B.H.A. and spoke on the principles of Homœopathy and the value of the Association. The meeting was highly successful and our best wishes for the future are with the Phillip's Memorial Hospital.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE Ninth Meeting of the Society was held on June 3rd. The President being regrettably absent through illness, Dr. T. Miller Neatby took the chair.

Drs. Eccles, Graves, Kyle, and Morford were elected, and Dr. Ellwood proposed for membership.

Dr. Burford spoke of the Hague Conference and the B.H.A. lectures, and of the Congress. Dr. J. Roberson Day read a paper on Malnutrition in Infancy, embodying much interesting matter founded on recent researches. It was discussed by Dr. Wheeler, Dr. Hall Smith, Dr. Weir, Mr. Wright, Mr. Johnstone, Dr. Burford. Dr. J. M. Neatby, and Dr. Day replied. Then Mr. Johnstone reported three cases, one of asthma dependent on latent appendicitis, and two of mucous colitis treated by surgical methods. All were of striking value. Dr. T. M. Neatby, Dr. Goldsbrough, Dr. Hall Smith, Dr. Wheeler, Dr. Tyler, and Dr. Weir discussed them and Mr. Johnstone replied.

The Dinner Club met at the Russell Hotel. Dr. Wheeler took the chair and described a recent visit to Glasgow and the strength of Homœopathy there.

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH MAY TO 15TH JUNE, 1920.

GENERAL FUND.

<i>Subscriptions.</i>				£	s.	d.
G. W. Budden, Esq.	..	..	..	1	1	0
Dr. A. T. Cunningham	..	..	..	1	1	0
Mrs. Butler	..	..	....	10	6	
E. J. Frost, Esq.	..	..	..	2	0	
Miss A. G. Wight	..	..	..	10	6	
James Eadie, Esq., F.R.C.S.	..	..	..	1	1	0
H. Crewdson Howard, Esq.	..	..	..	1	1	0
Dr. A. Midgley Cash	..	..	..	1	1	0
Dr. Vincent Green	..	..	..	1	0	0
Dr. A. Pullar	..	..	..	1	1	0
Dr. D. Ridpath	..	..	..	1	1	0
Dr. Goldsbrough	..	..	..	2	2	0
G. Bracken, Esq.	..	..	..	1	1	0
Mrs. Hutchinson	..	..	..	10	6	
George Norman, Esq., M.R.C.S.	..	..	..	1	1	0
Dr. Eugene Cronin	..	..	..	1	1	0
H. Manfield, Esq., J.P.	..	..	..	1	1	0
Dr. J. Wingfield	..	..	..	1	1	0
E. H. Morton, Esq.	..	..	..	3	3	0
Miss E. H. Morton	..	..	..	1	1	0
C. Marten, Esq.	..	..	..	10	6	
Sir George Wyatt Truscott, Bt.	..	..	..	10	10	0
Dr. J. Hervey Bodman	..	..	..	2	2	0
Joseph Howard, Esq., J.P.	..	..	..	1	1	0
Mrs. Thirlby	..	..	..	1	1	0
Dr. Byres Moir	..	..	..	1	1	0
Miss Carrick	..	..	..	1	1	0
T. G. Dharam, Esq.	..	..	..	10	6	

Donations.

C. W. A. Stewart, Esq.	..	..	..	10	0	
Cyril Hitchcock, Esq.	..	..	..	5	0	
Anonymous	..	..	..	5	0	

NATIONAL HOMŒOPATHIC FUND.

<i>Subscription.</i>				£	s.	d.
Miss Kate Simpson	..	..	..	1	1	0

A Meeting of the Compton Burnett Fund Committee of the Association was held at the London Homœopathic Hospital on Wednesday, June 9th,

at 4.30 p.m. The Committee appointed Dr. John Weir Compton Burnett, Professor for the Session 1920-21, and suggested names for the lecturer for the Introductory Lecture to the whole Education Course.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House on Wednesday, 16th June, at 4.30 p.m.

The third lecture of the First Course of public lectures after the war was given at Chalmers House, on Wednesday, June 9th, at 8.15 p.m., when Dr. John McLachlan, of Oxford, addressed a good audience on "Why I am a Homœopath."

On May 27th, Dr. C. E. Wheeler, at the request of Dr. H. Henderson Patrick, and under the auspices of the Association's provincial lectures scheme, addressed a meeting at Glasgow, at which there were present thirty-five medical men, of whom thirty were entirely unacquainted with Homœopathy. Under the above-mentioned scheme Dr. C. E. Wheeler also gave an address, on June 2nd, on the occasion of the Annual Meeting of the Phillips' Memorial Hospital, Bromley.

TWELFTH ANNUAL GENERAL MEETING.

THE Twelfth Annual General Meeting of the British Homœopathic Association (Incorporated) was held (by kind permission of Mr. and Mrs. W. Lee Mathews at 32, Gordon Square, W.C.1, on Monday 31st May, 1920, at 3.30 p.m. Sir George Wyatt Truscott, Bt., the President of the Association, was in the chair.

There were present: Miss E. C. G. Bell, Edward Barnett, Esq., Dr. George Burford, H. Crewdson Howard, Esq., Dr. S. Judd Lewis, Mr. and Mrs. W. Lee Mathews, Miss Mould, Miss Noble Taylor, Mrs. E. H. Thirlby, Dr. John Weir, Dr. C. E. Wheeler, Mrs. Henry Wood, the Secretary, and others.

The Secretary read the notice convening the Meeting.

Apologies for absence were received from: Dr. H. J. W. Barlee, Mr. and Mrs. E. Handfield Morton and Dr. E. A. Neatby.

The Minutes of the Eleventh Annual General Meeting held on Monday, 26th May, 1919, were taken as read, adopted and signed.

The General Report of the Association was taken as read, and the Auditors' Report on the financial position was read by Mr. Crewdson Howard.

The Chairman, rising to move the adoption of the Report and Accounts, said that, as usual, he had practically read the Report through and had found it a very pleasant one. He was pleased to note that, for one thing, subscriptions had well increased, while donations amounted to so satisfactory an amount that they were able to carry forward a substantial credit balance instead of, as last year, a deficit ; altogether a very encouraging account. All the Association's activities had been well maintained. He had been very much impressed by the " Introduction " to the Report, and said that he understood that Dr. Wheeler, whom he was delighted to see present at the meeting, was responsible for the contribution of this portion of the Report, and he would like to thank him for having put before them that which he would like to adopt as his " subject of the day," and Sir George proceeded to read the " Introduction " to the meeting. He then remarked that the war had been a great revelation in that it had shown that they were a C3 nation, and that they had a great deal to do to create better health for the coming generations. He opined that no other great field in the medical practice of the day could play a better part than the homœopathic practice : it was a great opportunity for showing what they could do. They must never cease to make the principles of Homœopathy known, and to increase the power of the Association—the central organisation—for the propagation of Homœopathy. He thought it wonderful enough what had been done by the B.H.A. in the past with very little means ; people were evidently much too contented at what had been done. It was very difficult, at the distance at which their constituents kept themselves, to bring to them the needs of the moment ; this could only be done by printed matter—not always the best way for

imparting information. Sir George then congratulated the Committee upon the work they had achieved throughout the year, and expressed the hope that the efforts they were making would result in a rich harvest and in increasing the importance of the Association. He alluded especially to the efforts which Mr. W. Lee Mathews, the Chairman of the Committee, had made in preparation for the part they might have to play in connection with the Public Health Bill, and he was sure that nothing would be overlooked in the future to place Homœopathy where it should be in relation to this Bill.

Mr. W. Lee Mathews seconded the motion, and expressed his delight at having their President with them on the occasion. He deplored the fact, however, that at this, the Annual General Meeting of the Association, there were so few present, and he reflected upon the small attendances at the series of three lectures—on most interesting subjects—that were being given at Chalmers House. He thought it showed something wrong, and he could not quite understand what it was. It might be that with regard to the audiences at the lectures the summer evenings were a difficult time? Mr. Lee Mathews then said he was extremely sorry that their Vice-Chairman, Mr. Morton, had been unable to be present owing to ill-health; he wished to say how indebted he was for the help that Mr. Morton had given him, and any time that he had had at his disposal, in the affairs of the Association. With regard to the work of the Association generally during the past twelve months, Mr. Lee Mathews said that it had been a most interesting year. Three very interesting investigations were being conducted under the auspices of the Beit Research Fund. Dr. Judd Lewis and Dr. C. E. Wheeler, both present, had been conducting these investigations, and he hoped that they would tell them how they had progressed. He said the Committee had had two lectures schemes, one of which, as he explained, he was afraid had been only partially successful. The other was a scheme under which the Association was prepared to send lecturers to provincial centres to lecture entirely under the

auspices of the B.H.A. He referred to Mr. James Stuart's generous gift of fifty guineas for the purpose of propaganda work by means of lectures, and stated that Dr. Wheeler had been to Glasgow on one of these special missions. They intended to carry out these provincial lectures to the best of their ability. With regard to the Public Health Act, Mr. Lee Mathews referred to the serious loss the Association had sustained owing to the death of Sir Robert L. Morant, who was a personal friend of his, and who had been of the utmost assistance to him on any negotiations he had had with the Ministry of Health. He was happy, however, to be able to state that, notwithstanding the big void that had been left by the death of Sir Robert Morant, Mr. Lee Mathews felt sure that, owing to Sir Robert's action and sympathy, they would still find that they had friends at the Ministry in question. Another very admirable activity of the Association during the past year was the distribution of homœopathic literature. This had been entirely due to the energy of Dr. Burford, who had obtained for the Association a grant of One Hundred Pounds from Mrs. Clotworthy, of Deepdene, for the purpose of circulating certain homœopathic literature among physicians of the old school. Under this scheme a hundred and fifty copies of Dr. Wheeler's "An Introduction to the Principles and Practice of Homœopathy" had been distributed, and he thought this should prove to be fruitful propaganda work. The Association was deeply indebted to Dr. Burford and to the generous donor who had thus placed in their hands the means whereby this distribution had been carried out. Mr. Lee Mathews then stated that the Association's lease of 43, Russell Square, expired in September next, and that, by arrangement with His Majesty's Office of Works, they had obtained an extension of the premises for a short term at the increased rent to £200 per annum. He referred to the fact that Dr. Burford had been good enough to join the Executive Committee, and said that Dr. Burford brought with him a dynamic force which had been of immense benefit to the Association. He and Dr. Burford were in entire agreement

as to what the Association had to do on principle, viz., to do everything that was possible for the spreading of Homœopathy; they sometimes might differ as to the means by which that particular propaganda should work, but any difference of opinion that might occur would be a difference as to detail and not in the least on principle. Mr. Lee Mathews in conclusion requested that Mr. Crewdson Howard would, in the regrettable absence of Mr. E. H. Morton, who usually dealt with this matter, make a statement on the financial position of the B.H.A.

Mr. H. Crewdson Howard replied that the chief feature of the accounts this year was the increase in subscriptions and donations. Last year, he said, Mr. Morton had deplored the fact that they had only a balance of £173 available for the general purposes of the Association. Last year the expenditure had exceeded the income by £60; this year the income exceeded the expenditure by £177. Donations were increased by £205, subscriptions by £87, Rent from tenants by £35; on the other hand the expenses of running Chalmers House had increased by £47, and the Administrative Expenses of the Association by £45. Thus there was the result of an improved position in the Association's finances by £238.

This was warmly applauded.

Dr. C. E. Wheeler gave a brief résumé of the three investigations now proceeding under the auspices of the Beit Research Fund, viz., Dr. Judd Lewis's continuation of the investigation of the Ultra-Violet Absorption Spectre of Blood Serum and its Constituents, the first part of which was completed. Dr. Wheeler thought that, as far as this research had proceeded, it was one which had certainly brought the Association considerable credit; Dr. Lewis's paper on the research in question had been read before the Royal Society, and this was the first communication before that body in which Homœopathy had been mentioned, that is to say, that the British Homœopathic Association had financed this particular research. He thought this work of Dr. Lewis's might be the beginning of a most important advance in medicine.

The two other investigations, viz., (1) into the effects of Invertase on Cane Sugar, and (2) into the effect of drug potencies upon Lactic Acid Fermentation, Dr. Wheeler stated were progressing very favourably, and the investigations hoped soon to present to the Committee a full report of the results. He then said that Association members might be interested to learn that, since the publication of the Annual Report, Dr. W. E. Boyd, of Glasgow, was at work upon a similar line of research (under the Beit Research Fund auspices) as the last mentioned, but from another angle, and important results were anticipated. Dr. Wheeler gave an account of his recent visit to Glasgow, where, at the request of Dr. H. Henderson Patrick, he had addressed, at some length, under the auspices of the B.H.A. provincial lectures scheme, a meeting at which there were thirty-five medical men, of whom thirty-one were entirely unacquainted with Homœopathy. He had never had a better audience! He briefly referred also to visits at Bristol and Bournemouth and to a forthcoming address he was giving, on the occasion of the Annual Meeting of the Phillips' Memorial Hospital, at Bromley.

Dr. S. Judd Lewis, at the request of the meeting, gave an interesting elaboration to the report on the Beit Research Fund work given by Dr. Wheeler, which was much appreciated.

The Chairman, expressing his great interest at what they had heard, remarked particularly upon the success of the meeting at Glasgow, and congratulated Dr. Wheeler upon his audience. He then put the Report to the vote, which was carried unanimously.

RE-ELECTION OF THE PRESIDENT.

Dr. Burford said it was with much pleasure that he rose to propose the re-election of Sir George Wyatt Truscott, Bt., as President of the Association for the ensuing year. He referred to the many years—seventeen—since the Association was founded, during which period Sir George Truscott had ever been present with them. With regard to Mr. Lee Mathew's remarks

on the sparse attendances at recent B.H.A. meetings Dr. Burford said that he had come to the conclusion that, as far as the power of the Association was concerned, it was not to be reckoned by a well-attended, or by a sparsely attended, meeting, and he reviewed the occasion when Sir George Truscott had presided at an Association Meeting at St. James's Hall, when they had an audience of between two and three hundred, so that the following year, they engaged the Small Queen's Hall, with Lord Cawdor in the chair, on which occasion there were less than a score present! He said that, going about the country one comes across various types of what he might call "the man in the street," who knows little about medicine; when the subject of homœopathy is mentioned he says "Oh, yes, the treatment by small doses which they give to children." There was an enormous amount of crass ignorance on the subject among the laity. Dr. Burford said that he had begun his connection with the B.H.A. with the idea that Homœopathy was mainly an affair of the doctors. He had expected, by going to work through their medium, to bring the truth of Homœopathy so before those who knew nothing of it that they would have an enlightened nation. He had become convinced, however, that there were two parties in the propagation—doctors and patients. He referred to Dr. Neatby's efforts to increase the membership of the British Homœopathic Society, and said that it was surprising the number of men who were sending up their names for candidature to the Society; if these new men wanted to practice Homœopathy, he considered they must give their patients a clear statement of their new views. He felt that they owed the B.H.A., in its entirety at this juncture, to Mr. Lee Mathews. If he had not stepped in there would not have been the B.H.A. to-day; it might have had to be created over again. There had been nothing to induce Mr. Lee Mathews to come as their Chairman; it was a very difficult post to fill and not one that carried great public honour with it.

Dr. Wheeler seconded the re-election, and it was carried unanimously.

Sir George expressed his thanks and said he was very glad to continue his Presidency. He was very much pleased that Dr. Burford was with them to-day. Dr. Burford was one of the super-optimists. He was very glad that Dr. Burford had made use of this resolution to bring forward one or two matters of importance. For instance, regarding Mr. Lee Mathews—the Chairman of the Committee—it was due to him that they were where they were to-day; also the pleasant relation between the B.H.A. and the L.H.H. had been brought about by Mr. Lee Mathews. He had worked hard and they congratulated him.

Dr. Weir proposed the re-election of the Vice-Presidents and the Honorary Vice-Presidents of the Association, as shown on page 3 of the Annual Report, presented 1920.

Mrs. Henry Wood seconded and the motion was carried.

Mr. H. Crewdson Howard proposed the re-election of the Council, as shown on page 3 of the Annual Report, presented 1920.

Dr. S. Judd Lewis seconded, and it was carried unanimously.

Mr. W. Lee Mathews proposed the re-election of the Auditors.

Miss Noble Taylor seconded, and it was carried unanimously.

Mr. W. Lee Mathews proposed a hearty vote of thanks to Sir George Truscott for presiding over the meeting.

Dr. Wheeler seconded, and the vote was warmly accorded.

The Chairman, expressing his thanks, then proposed a cordial vote of thanks to Mr. and Mrs. Lee Mathews for the very pleasant conditions under which they had met. He thought it was generally pleasant to hold the Annual Meeting somewhere away from the general business atmosphere of Chalmers House, though sometimes it might be well to show their constituents that the Association had a home.

Dr. Weir seconded, and the vote was unanimously passed

REVIEW.

A PAMPHLET.

Venereal Diseases and their treatment—How not to do it,
Published by National Association of Medical Herbalists, 16, Bridge
Street, Worcester. Price 6d.

THE Medical Profession is a highly organised one with a standard of education and a Register. It is inevitable that its members should look with some doubt at the claims of those outside its own boundaries, and it would be easy to refuse notice to this pamphlet which deals with medical matters, though not written by medical men. Nevertheless, we hold that that easy course would be unfair and unduly timorous. It is notorious that light on problems of health and disease has not always and only been thrown by members of the recognised profession, and it is not for us to allow prejudice to preclude dispassionate examination.

This pamphlet is an attack on the present orthodox treatment of Venereal Diseases and a plea for freedom for " Medical Herbalists " to treat cases desiring to try their methods. We will take the last part, the plea, before considering the attack.

We do not know what the principles are upon which Herbalists work and therefore are ill-equipped for criticising their methods. We have never seen any statements of treatment and results. We do not know what training Herbalists receive or who guarantees their possession of any knowledge of diagnosis or of disease in general. This information probably exists, but it has escaped us, not through refusal on our part to examine it, but because it has never been brought to our notice. Yet until we have this knowledge it is useless to pretend to any power of judgment. We have read old herbals and have found therein plenty of confident recommendations and much curious information, but it is hardly to be called, as it stands, finally convincing and the statements in this pamphlet as to gonorrhœa do not fill us with confidence as to the good judgment of the writers.

To minimise the possible constitutional effects of this disease seems to us a most dangerous doctrine.

Whether, therefore, medical herbalists have good claims successfully to treat Venereal Disease, frankly, we do not know. We have little confidence that any legal prohibitions will prevent their practice and much doubt the value of these barriers. We hold that the patient's right to select his own treatment is final and complete. We should only stipulate that from time to time as much knowledge of the subject as he is capable of absorbing should be freely available for him, so that his choice should be, as far as possible, a reasoned one.

The attack of this pamphlet on the present orthodox methods of treatment is much the more effective portion of it. There are many telling quotations from authorities, and as far as we can see they are fairly given and not wrested from their meaning. The accumulated effect of them is certainly to make the reader feel that we are far from certainty in this business of treating Venereal Disease and that current practices may need to be reconsidered. Readers of this Journal are in any case inclined to consider the orthodox dosage of mercury and arsenic much too large, and Mr. McDonagh's opinions on those matters have received some attention in the "WORLD." Every believer in Homœopathy is bound to hold that many cases of syphilis will benefit from mercury and arsenic because many cases call for one or other of these drugs by the symptoms which they present. But every believer in Homœopathy knows the dangers of over-dosing, and there is much for us to heed and to endorse in the attack which this pamphlet makes on the modern routine methods. But we have a real ground of complaint against the authors of this attack in that they are so unnecessarily vague, precisely in that part of their argument where detail and precision would avail them most. They argue that many of the nervous sequelæ attributed to syphilis are really caused or at least much aggravated by over-dosing with arsenic, and especially with mercury. A very important feature in the argument is that while much

syphilis occurs in Turkey, Persia, China, Egypt and other parts of Africa, yet these nerve sequelæ are there relatively uncommon compared with Western Europe and U.S.A., and that in the former countries mercurial treatment is much less common and persistent. Now it is of the very essence of the argument that every possible precision should be given to this statement. If established its significance would be great, but it is impossible to maintain that a general assertion without further evidence can be given the weight which it would have if details were forthcoming. It is also claimed that women suffering from syphilis are less systematically dosed with mercury than men, and here figures are quoted with regard to the incidence of nervous sequelæ, which are striking, if the first part of the statement can be trusted. But in all these matters of the utmost importance rigorous exactitude and full details are desirable, and these unfortunately, are lacking.

Many may be interested to read the pamphlet and possibly its authors may be persuaded to amend it from the standpoint of impartial enquiry.

EXTRACTS.

EPIDEMIC DROPSY.*

"THE triple scourge of war, pestilence, and famine disgraced the reign of Justinian," says Gibbon, and frequent repetition in history shows that their association is not fortuitous. As Dr. Douglas Bigland said in his interesting paper on œdema in food-deficiency diseases published in our columns last week, "Whenever there are wars, famines, and long voyages in ill-equipped ships; wherever persons are housed together under relatively bad conditions, as in asylums and prisons; wherever the population lives on a minimal or one-sided dietary, liable at times to be reduced to a fraction above nothing, there we have the conditions for the development of food-deficiency

* With full acknowledgments from "*The Lancet*."

diseases and there we have epidemic dropsy." His paper and that of Dr. J. I. Enright raise the question of the mechanism of the production of œdema by food deficiency and its relation to other recognised forms of dropsy. The appearance of epidemic dropsy in war is no new thing. It was observed in the American Civil War, but before long this was traced to nephritis. Similarly, when epidemic nephritis first appeared in Flanders in 1915, it was first recognised as epidemic dropsy. But these epidemics occurred in troops who were still well nourished and well fed, and were, therefore, quite different from the isolated outbreaks in India and Mauritius, and from those recently observed among Turkish prisoners of war and among the native troops in East Africa. After studying the Calcutta outbreak of 1908-09, Greig concluded that it was a nutritional disease, brought about by one-sided dietary. All the deficiency diseases are apt to present dropsy. Pellagra has been shown by Boyd and others to be due to the insufficiency of "biological" protein, which we take to mean the protein actually assimilated. Beri-beri and scurvy are both recognised to be deficiency diseases. Any disease which leads to blood destruction such as malaria or ankylostomiasis, appears to help the production of epidemic dropsy, but in Dr. Bigland's opinion blood destruction is not adequate as a sole cause. Dysentery is often associated with epidemic dropsy partly because both diseases are common under conditions of food shortage, but also because dysentery means that such food as can be given is inadequately assimilated. The Lunacy Commissioners regarded the alarming increase of sickness occurring in the asylums of England and Wales during the years 1917-18 as due in the main to food deficiency, and the letter of Dr. W. F. Menzies in our correspondence columns sets out, from his own observation, the part which hunger œdema played in this increase.

A good case can, therefore, be made out for deficiency of vitamins as a cause of dropsy. We may next inquire as to the mechanism by which it is brought about. McCarrison has put forward the theory that

the œdema of inanition and beri-beri is initiated by the increased intracapillary pressure which results from increased production of adrenalin, acting in association with malnutrition of the tissues. It is not clear how adrenalin would effect this, since the constriction of the arterioles produced would tend to shut off pressure from the capillaries. Dilatation of capillaries has been produced by minimal doses of adrenalin, it is true, but not by an increase over the normal amount in the circulation. C. Bolton's experimental production of œdema in animals is pertinent to the discussion. He tied off a portion of the pericardial sac so that the residue of the pericardium was too small for the heart, thus preventing its free expansion. This interference with its diastole caused distension of the great veins and then dropsy. Observations of the arterial and venous blood pressures did not suggest that a rise of capillary pressure was responsible for this. Bolton concluded that it was due to the increased permeability of the capillaries, brought about by deficient oxygenation of the blood and impaired nutrition of the capillary wall. We are still too apt to look upon the capillary endothelium as a mere passive membrane, through which filtration occurs. Yet it has been shown to have a great resisting and selective power as long as it is well nourished. An endothelium, such as Descemet's membrane, can withstand a high filtration pressure as long as it is alive, but rapidly swells up under such pressure if it is killed. Mott showed that the cerebral hæmorrhages which sometimes occur a few days after carbon monoxide poisoning are due to fatty degeneration in the capillary endothelium of the cerebral vessels. The carbon monoxide takes up so much of the hæmoglobin that there is not enough left to carry oxygen to the tissue cells. That the capillary endothelium should suffer so markedly shows how dependent it is on oxygen for its maintenance. Dale and Richards's histamine experiments point in the same direction. Again, temporary ligature of renal vessels is followed by albuminuria. The capillary endothelium is, in fact, intensely sensitive to changes in oxygen-supply, nutritive defects, and to toxins. The

influence of toxins in renal dropsy is clearly shown by the fact that it occurs where the activity of the renal tubules is diminished, as in parenchymatous nephritis, and not in interstitial nephritis, even though the blood pressure be high.

In deficiency disease, where many tissues show damage, it is not surprising that the malnutrition should affect the delicate structure of the capillary endothelium, and that the resulting damage should express itself as undue permeability. This does not exclude an influence of the vaso-motor nerves. The famine dropsies of India presented paræsthesia and deep-seated pains as early symptoms, showing that the nerves were involved; while neuritis is the most prominent symptom in beri-beri. As to pellagra, Roaf in this country and Dr. Mary Morse in America have demonstrated structural changes in the sympathetic nervous system, and the associated eruption is probably due to the vaso-dilatation resulting from this, since the vaso-constrictors, being sympathetic in origin, would be damaged. Adrenalin defect would act in the same direction as impaired sympathetic tone, and might therefore be a factor, though adrenalin excess could hardly do so, in our opinion. But damage to the capillary endothelium seems the simplest and most generally applicable explanation of dropsy, whether in anæmia, heart disease, renal disease, or in failure of nutrition due to lack of vitamines.

SALT METABOLISM AND DISEASE.*

THE tissues differ in their salt composition, and changes of salt metabolism are probably due either to atrophy or growth of certain organs or tissues, or to their taking on new functions, or to the processes of disease. Studies of the balances of the various salts have been made but sparingly in disease, and doubtless this subject will be taken up more energetically in the future. In hunger, Wellman found that there was a greater loss of salt than could be accounted for by the metabolism of the fleshy parts. The principal

* Extract from the *North American Journal of Homœopathy*, with full acknowledgements.

excess was phosphoric pentoxide and calcium and magnesium oxide in about the same proportion as is found in bone, and the skeletons of the animals were found to have actually lost 6 or 7 per cent. of their weight. There is a lowered calcium excretion in many diseased conditions, among which may be mentioned, pleural effusion, pneumonia, delirium tremens, and various fevers. In pulmonary tuberculosis Senator found that there was an excess of calcium excreted. In osteomalacia the calcium balance is disturbed, and more is excreted than is taken into the body. Phosphoric acid lessens the calcium excreted, and this might be used in experimental therapeutics. Castration, which has been done in a few cases, restores the CaO equilibrium, and there is also a tendency to restoration of the sulphur equilibrium. On the other hand, in myositis ossificans the amount of calcium excreted in the urine is lower than normal. There is also a retention of lime salts in arthritis deformans. In endarteritis the calcium excreted is interfered with, and Rumpf claims to have obtained good results by giving salts which aid the excretion of calcium, as lactic acid, sodium lactate, sodium citrate, sodium carbonate, and sodium chloride.

The following, by Hoobler (*Archives of Pediatrics*, March, 1912), shows the mineral constituents of various common foods expressed in percentages of the total mineral ash. This table will be found of great practical use in arranging diets with a view to their salt content :

PHOSPHORUS-CONTAINING FOODS.

Contents estimated as $P_2 O_5$.

- Fruits, 15-12 per cent. . . Pears, apples, citron, cherries, plums, apricots, oranges, figs.
Berries, 20-13 per cent. . . Gooseberries, currants, huckleberries, strawberries.
Nuts, 43-18 per cent. . . Almonds, cocoanuts, chestnuts.
Cereals, 54-17 per cent. . . Rice flour, rice, wheat flour, buckwheat flour, oatmeal, oatmeal flour, barley meal, barley flour, rye flour, cornmeal, cornmeal flour, rolled oats, pearl barley, macaroni, brown bread, white bread.

Vegetables, 41-10 per cent. Black radishes, artichokes, beans, peas, lentils, pumpkins, kohlrabi, cauliflower, asparagus, potato, cabbage, Savoy cabbage, mushrooms, onions, rhubarb, cucumbers, turnips, celery, carrots, sugar beets, radishes, spinach.

Milk, eggs, cheese, 65-26 per cent. Egg yolk, eggs, cheese, milk.

Meats and fish, 48-20 per cent. Veal, pickerel, pork, beef, oysters, salmon.

POTASSIUM-CONTAINING FOODS.

Contents estimated as K_2O .

Fruits, 81-35 per cent. .. Olives, plums, apricots, figs, pears, cherries, pineapples, citron, oranges, apples.

Berries, 57-21 per cent. . . Huckleberries, currants, gooseberries, strawberries.

Nuts, 56-28 per cent. . . Chestnuts, cocoanuts, walnuts, almonds.

Cereals, 38-14 per cent. . . Rye flour, wheat flour, cracked wheat, rolled oats, cornmeal, cornmeal flour, hominy, barley flour, barley meal, oatmeal, buckwheat flour, oatmeal flour, rice flour, graham bread.

Vegetables, 60-16 per cent. Potatoes, rhubarb, cucumbers, mushrooms, cabbage, turnips, celery, beans, peas, tomatoes, endives, lettuce, carrots, kohlrabi, lentils, radishes, Savoy cabbage, onions, artichokes, asparagus, cauliflower, pumpkins, blood beets, spinach.

Milk, eggs, cheese, 31-13 per cent. Egg whites, milk, eggs, cheese.

Meats and fish, 48-24 per cent. Beef, pork, veal, salmon, pickerel.

SODIUM-CONTAINING FOODS.

Contents estimated as Na_2O .

Fruits, 26-7 per cent. . . Apples, oranges, apricots, pineapples, pears, olives.

Berries, 28-9 per cent. . . Strawberries, gooseberries.

Cereals, 40-14 per cent. . . Macaroni, barley flour, brown bread, white bread, graham bread.

Vegetables, 48-7 per cent. Blood beets, spinach, carrots, pumpkins, radishes, asparagus, tomatoes, lentils, endives, cauliflower, turnips, sugar beets, artichokes, lettuce, Savoy cabbage.

Milk, eggs, cheese, 31-8
per cent. Egg whites, eggs, milk.
Meats and fish, 30-8 per
cent. Oysters, pickerel, salmon.

IRON-CONTAINING FOODS.

Contents estimated as $\text{Fe}_2 \text{O}_3$.

Fruits, 2-1 per cent. . . . Figs, pineapples, apples, pears, plums.
Berries 5-1 per cent. . . Strawberries, gooseberries, huckle-
berries.
Nuts, 1.8-1.3 per cent. . . Cocoanuts, walnuts.
Cereals, 2-1 per cent. . . Rye flour, barley meal, barley flour,
rice, buckwheat flour, cornmeal,
corn flour, rice flour, wheat, wheat
flour, graham flour.
Vegetables, 5.3-1 per cent. Lettuce, onions, asparagus, endives,
kohlrabi, pumpkins, artichokes,
tomatoes, lentils, black radishes,
celery, rhubarb, potatoes, mush-
rooms, beets.

SULPHUR-CONTAINING FOODS.

Contents estimated as SO_3 .

Fruits, 6 per cent. . . . Apples, pears,
Berries, 6 per cent. . . Gooseberries.
Cereals, 14-13 per cent. . . White bread, brown bread.
Vegetables, 30-5 per cent Black radishes, mushrooms, cauli-
flower, turnips, kohlrabi, cabbage,
spinach, carrots, cucumbers, pota-
toes, asparagus, onions, celery,
endives, artichokes.

CHLORINE-CONTAINING FOODS.

Contents estimated as Cl.

Fruits, 10 per cent. . . Pineapples.
Nuts, 14 per cent. . . Cocoanuts.
Cereals, 30-5 per cent. . . White bread, brown bread, macaroni,
oatmeal.
Vegetables, 16-5 per cent. Celery, potatoes, cucumbers, radishes
Savoy cabbage, lettuce, asparagus,
tomatoes, cabbage, spinach, beets,
rhubarb, turnips, kohlrabi, carrots,
Milk eggs cheese, 28-7
per cent. Egg whites, milk, eggs, cheese.
Meats and fish, 21-5 per
cent. Salmon, oysters, pickerel.

MAGNESIUM-CONTAINING FOODS.

Contents estimated as MgO.

- Fruits, 8-5 per cent. .. Apples, pineapples, oranges, figs, pears, citron, cherries, plums.
Berries, 6-5 per cent. .. Currants, huckleberries, gooseberries.
Nuts, 18-6 per cent. .. Almonds, walnuts, chestnuts, cocoanuts.
Vegetables, 9 5 per cent. Tomatoes, sugar beets, peas, cauliflower, kohlrabi, lettuce, spinach, celery, carrots, onions.
Cereals, 16-5 per cent. .. Corn, cornmeal, wheat, wheat flour, barley meal, buckwheat, rice, rice flour, rye flour, oatmeal, rolled oats, graham bread.
Meats and fish, 9-5 per cent. Salmon, pork.

CALCIUM-CONTAINING FOODS.

Contents estimated as CaO.

- Fruits, 30-7 per cent. .. Citron, oranges, pineapples, figs, cherries, olives.
Berries, 14-8 per cent. .. Strawberries, gooseberries, currants, huckleberries.
Nuts, 9-8 per cent. .. Almonds, walnuts.
Cereals, 8-7 per cent. .. Oatmeal, cornmeal, wheat flour.
Vegetables, 27-5 per cent. Savoy cabbage, cauliflower, onions, lettuce, radishes, celery, cabbage, endives, spinach, asparagus, carrots, kohlrabi, turnips, rhubarb, artichokes, pumpkin, lentils, cucumbers, tomatoes, beans.
Milk, eggs, cheese, 35-8 per cent. Cheese, milk, egg yolks, eggs.
Meat and fish, 18-7 per cent. Oysters, salmon, pickerel, pork.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

DEAR SIR,—I have read with great interest in the June issue of the "HOMŒOPATHIC WORLD" that a Scottish Children's Hospital has been founded. Bravo Scotland! The claims of the children are stated in an admirable appeal. Our friends north of the Tweed

recognise the importance of child life. A Children's Homœopathic Hospital has everything to commend it. It is a far more valuable institution than a general hospital for treating adults. It is a remarkable thing that our efforts to relieve suffering humanity generally begin at the wrong end. We are always ready to provide the ambulance at the bottom of the cliff, but we neglect to put the fencing at the top. Instances of this immediately occur to us. We punish the criminal by methods which are acknowledged to be unsatisfactory instead of training our children in the paths of virtue. By our licensing system we manufacture the drunkard, and then provide Homes for the Inebriates. In the past we have ignored the Children—Special Children's Hospitals, Crèches, Child Welfare Institutions, the Medical Inspection of school children, the Society for the Care of Expectant Mothers, the numerous publications on Pediatrics, and the societies and journals devoted to the care and welfare of children, are all of recent origin. The terrible wastage of war has given a great impetus to all these efforts to save the children—to prevent them becoming diseased and deformed. There is no more encouraging branch of our profession than work amongst children.

The Sixth Annual Report of the Children's Homœopathic Dispensary is just published, and very interesting statements are there set forth showing what London is doing in providing Homœopathy for the children. Such hospitals and dispensaries are most worthy of support. It is the children we must look to who carry on the grand traditions of our race in the future. We want the highest and best for them. If healthy in mind and healthy in body, we may confidently leave to them our destinies. Happily the children are now coming into their own, the right spirit has been aroused, as an outcome of the war—one of its few compensations. But there is much yet to be done, it is an attractive work and will abundantly reward all our efforts. I am sure we all wish success to the Scottish Homœopathic Hospital for Children.

Yours etc.,

June 9th, 1920.

J. ROBERSON DAY.

THE RAVAGES OF MEASLES.—Dr. Doig McCrindle's latest annual report as medical officer of health for the county borough of Northampton is exceptional in that it deals with a period of four years, 1915 to 1918, instead of with the latter year alone. This is a procedure which, while it is not practicable in normal circumstances, might be expected to give a more balanced picture than that of the ordinary annual conspectus made from a narrower angle of vision. The report in question does not become thereby so markedly differentiated as might a priori have been anticipated, but this is obviously not an altogether fair test; the slowing of all public health activities, beyond the most essential, during the years of war must have masked a large part of the effect of a report such as the one here under consideration. In respect of measles, however, the advantage of the longer view is sufficiently marked. The report contains a full account of two separate grave epidemics, one occurring in the early part of 1915, the other in the latter half of 1917. Both epidemics were large ones, between 2,000 and 3,000 cases being notified in each outbreak in a population of 90,000. Both created records, the second being the most extensive ever recorded in Northampton, and the first having a fatality such that over three times as many deaths from measles were registered than in any year since 1898. The death-rate from measles in 1915 actually reached the figure 1.55 per 1,000 of population. Dr. McCrindle draws attention to the significant fact that beyond the deaths frankly due to measles eighty-eight deaths occurred in the first six months of 1915, among children under five years of age from bronchitis, pneumonia, and broncho-pneumonia; and that the deaths from these conditions diminished as the measles epidemic subsided. It seems very probable that a considerable number of the deaths in young children certified as due to respiratory diseases were in fact due to measles. It is, perhaps, not sufficiently recognised that the measles epidemic is not all above the surface, but that an unknown and probably considerable mass of infection is submerged, and none the less deadly in its effect from having been thus ignored or missed. Northampton is far from being alone in its experience of a severe type of measles during the years of war. Leeds, for example—to quote from an annual report taken at random from other 1918 reports—experienced a serious outbreak in that year. During 1918 over 400 deaths from measles were registered, and the epidemic was the most fatal ever recorded in the city. Over six per cent. of the cases died, while of the children under two years of age nearly one-fifth of those who developed the disease succumbed. The mortality after the age of four was comparatively light, indicating the practical importance of parents guarding their children from risk of contracting the disease during earliest childhood. It is a wholesome antidote to complacency to be reminded from time to time of the long, long trail before us before we can be sure of mastery over this scourge of childhood.—*Lancet*.

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| <p>Barling and Morrison. A Manual of War Surgery. With an Introduction by Major-Gen. Sir George H. Makins. 8vo, pp. 495. n. 21s.</p> <p>Cameron (S. J.) A Manual of Gynæcology. 2nd edition, revised. Royal 8vo. n. 25s.</p> <p>Cunningham's Manual of Practical Anatomy. Vol. I. Revised and edited by A. Robinson. 7th edition. Cr. 8vo. pp. 451.</p> <p>Davis (W. Clyde). Essentials of Operative Dentistry. 3rd edition. 8vo. n. 21s.</p> <p>Encyclopædia Medica. 2nd edition. Under the General Editorship of J. W. Ballantyne. Vol. VI.—Heat Fever to Intertrigo. Royal 8vo, pp. 666. n. 25s.</p> | <p>Findlay (Leonard). Syphilis in Childhood. Cr. 8vo, pp. 166. n. 8s. 6d.</p> <p>Jack (William R.) Wheeler's Handbook of Medicine. 6th edition. Cr. 8vo, pp. 573. n. 12s.</p> <p>Midwife's Pocket Book (The). With which is incorporated the Midwife's Pocket Encyclopædia. 7th edition. 18mo, pp. 188. n. 1s. 3d.</p> <p>Pharmaceutical Pocket Book for Practitioners and Students (The). 9th edition. 18mo, pp. 360. n. 3s. 6d.</p> <p>Pope (Amy E.) Pope's Manual of Nursing Procedure. Cr. 8vo, pp. 607. n. 10s.</p> <p>Sutton (R. L.) Diseases of the Skin. 3rd edition. Royal 8vo. n. 42s.</p> |
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Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

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CORRESPONDENTS.

Dr. Burford, London—Mr Knight, Ilchester—Dr. Bodman, Bristol—Dr. Roberson Day, London—Dr. E. A. Neatby, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homœopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica.

The Homœopathic World.

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A Partial Clinical Proving of a Catarrhal Vaccine.

HOSPITALS AND INSTITUTIONS :

Bristol, Scottish Homœopathic Hospital for Children.

SOCIETY'S MEETINGS:

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BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

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THE HOMŒOPATHIC WORLD.

AUGUST 2, 1920.

HOLIDAYS.

AUGUST is the great holiday month and it is natural and right that there should be a time when we can clear our minds, as far as we can, of anxieties and lay up energy for future needs. But in these times of rest there is much to be gained by letting a few special thoughts come prominently forward in our minds, dwelling on them briefly and then allowing them to slip down into the regions of unconsciousness, there, perhaps like seeds to germinate and thrust up in future days green leaves and flowers and fruit. For the unconscious part of us is not idle and can often make more lucid questions that baffle our deliberate thoughts.

Therefore, before we relax in holiday time let us for a little take seriously into view the problems of how to make the good of Homœopathy widely known, how to improve its good into better, and how to find such convincing statement of its truth that even the unheeding must listen. We may not, at once, find the best answers to these questions but answered in some sort they must be. No one will enjoy his holiday less for having them in his mind, and it may well be that the time of recuperation will bring us some clearness of vision and wisdom of action.

NEWS AND NOTES.

AN ESSAY ON HOMŒOPATHY.

WE wish to call special attention to the offer of the B.H.A. of a prize for a new essay on the "Meaning and Value of Homœopathy." We want a statement that shall be clear, precise, brief, and it must be scientific and exact in thought, though simplified in expression for non-professional readers. We hope many readers of the "WORLD" will compete. The B.H.A. Secretary will supply details of the length and scope which are desired. Competitors should use mottoes or pseudonyms.

VENEROID ULCER.—Dr. George Manghill Olson, assistant professor of dermatology and syphilis at the University of Minnesota Medical School, gives this name to a condition first described by Welander in 1903 and occurring in the form of ulcers about the vulva of girls or women who had not been exposed to venereal disease. Constitutional disturbance is absent, and the first symptoms noted by the patient is the presence about the vulva of one or more sores with a slight sticky discharge. The ulcers are round or oval, with their edges raised, sharply defined, and not undermined. There are no signs of inflammation in the adjacent tissues. The lesions are rather painful and bleed readily when touched or scraped with a dull instrument. There is no discharge of serum as in the primary lesion of syphilis, and the inguinal glands, as a rule, are not enlarged. Healing takes place under indifferent treatment in about a month, leaving typical superficial round or oval scars with slightly raised edges. In spite of these differences the ulcers may resemble in their general appearance hard chancre, chancroid and moist papules of syphilis. Microscopical examination of the discharge shows a great variety of bacilli and cocci, but the casual organism has still to be discovered. The Gram-positive bacillus described by Lipschutz is probably only a saprophyte. Unlike chancroid the disease is not auto-inoculable, and no cases have been reported in which the husband has been infected. The diagnosis is made by the history of non-exposure to venereal infection which may be corroborated by the presence of a hymen, an acute onset, absence of constitutional symptoms, a characteristic depressed round or oval ulcer with no induration, and the absence of the *Spirochæta pallida*, Ducrey's bacillus, the diphtheria bacillus, and the spirochæte and fusiform bacillus of erosive vulvitis.—*Lancet*.

ORIGINAL COMMUNICATION.

PERIODIC DRUG DISORDERS.

By the late LEOPOLD SALZER, M.D.

(Continued from p. 251.)

PERIODIC NOON DRUG-FEVER.

ABOUT noon, chills along the spine and with them a sensation of heat and increased lethargy; the hands and feet were not cold but rather hot as also was the head. The chills appeared in the upper part of the spine, close to the occiput and extended downwards (veratrum) to the extreme end of the coccyx (cocculus) but did not radiate from the spine. Warmth dissipated them for a time. Neither motion nor open-air affected them—about 5 p.m. the chills subsided, no sweat followed, but profound sleepiness set in, a sleepiness so intense that the prover retired three hours earlier than was his custom. He did not fall asleep, however, but lay enchanted by a vivid imagination. At 10 o'clock the prover became restless, felt the bed burning hot, the legs and back ached and the brain seemed too large for the skull; about midnight he noticed that the palms of the hands, the lower parts of the abdomen and the inner sides of the thighs were bathed with perspiration. These febrile attacks continued regularly for six consecutive days: *Argent nitr.* (Hahn: Monthly, July, 1883). (So far back as 1876, in a paper contributed to the World's Homœopathic Convention, held at Philadelphia, I recommended *Argent nitr.*: in malarial cachexia, and in cirrhosis of the liver of malarial origin.)

At noon again, occurred the usual shivering as if after exposure to a draught of air, with blueness of the nails and gooseskin, at first on the outside of both arms, then on the back down to the sacrum (ol. jec. as) and lastly on the abdomen when he felt as if he were stroked across with something cold. It was lessened by the

heat of fire and increased by movement and was accompanied by the following symptoms : weariness, paleness of the face, which has a suffering expression, pain in the middle of the upper arms and of the thighs and legs as if the bones were broken, and pains shooting through the outside of the feet. All these symptoms did not interfere with the prover's appetite ; on the contrary he ate his food with relish : Sulph.

Between 12 and 1, coldness, chilliness, sleepiness ; at 3.30 heat, fever and headache ; an hour later, fever and headache begin to disappear : Ferr iod.

NOON-HEAT.

About noon, uncommon burning in hands and feet : Ammon carb.

Every day, about noon, sudden heat of the head and redness of the face with considerable obstruction of vision and great thirst, lasting an hour : Bellad.

Every forenoon, at 11 o'clock, paroxysm of fever without thirst and without previous chill, lasting one hour ; she felt hot and was hot to touch, with red face, followed by anxiety and slight sweat especially on the hands and feet and on the face for four days in succession (Previous to menstruation.) : Calc carb. (?) From noon till evening, fever with violent heat about the head, dark redness of the face and thirst ; headache set in half-an-hour before the heat : Silic.

At noon (after eating) glowing hot cheeks with cold hands and feet, without shivering, recurring at the same time for 2 days : Capsic.

Fever commencing at noon, becomes quite severe at 3 p.m. : Ferr iod.

During the mid-day rest, great heat of the face with throbbing in the cheeks and forehead ; the whole face looked brownish red ; after resting a little, the heat of the face disappeared but the headache remained, with frequent urging to urinate till the next noon : Kreas.

Attack of fever at noon : Spiranthes. (This drug requires further study.)

From 11 a.m. to 12 or 1 o'clock, hectic fever every day : *Argent nit.*

PERIODIC AFTERNOON DRUG-FEVER.

CHILL.

In the afternoon, continued chilliness with external heat and red face : *Ars alb.*

In the afternoon, extremities and face cool, towards 5 p.m., cold : *Ars alb.*

In the afternoon, fever ; shuddering about the head with stretching and drawing in the limbs, followed by chilliness and gooseskin ; in the evening, fever ; and till 9, heat over the body, especially the face, without sweat ; cold hands and feet : *Ars alb.*

Every afternoon, shivering down the back (*Argent nitr*) which seems to commence in the chest : *Carb an.*

In the afternoon, shivering more frequent : *Æthusa*. Chilliness, always coming on in the afternoon and lasting till late into the night, with slight general weakness and heaviness of the limbs : *Coç cact.*

Every afternoon, chilliness for 2 hours with cold hands and dryness of the mouth : *Petrol.*

In the afternoon, chilly, must go to bed. (This is succeeded in one prover by heat and sweat.) *Ferr.*

In the afternoon, chilliness, (then some heat), then profuse cold sweat, all without any thirst : *Gels.*

In the afternoon, fever ; chilliness and coldness with blue nails for four hours, followed by general heat and burning of the hands with thirst without subsequent sweat : *Nitric ac.*

Febrile chill in the afternoon, lasting an hour, followed by heat all over, lasting a quarter of an hour, afterwards general perspiration for two hours ; thirst neither during chill nor heat : *Nitric ac.*

Every afternoon, coldness and weakness : *Phosph.* Repeated shivering, in the afternoon ; in the evening, general burning heat and violent thirst, frightful starting up preventing sleep ; pain like wandering labour pains ; painfulness of the whole body, so that she would not turn over in bed, and watery diarrhoea : *Puls.*

During the afternoon, great coldness of the lower extremities : *Rumex.*

Nearly daily, especially in the afternoon and evening,

the patients complain of chilliness, increased sensation of heat with only a moderate rise of temperature, and excessive thirst, lasting sometimes only four hours, sometimes even for twelve hours : Morphia.

Worse in the afternoon, constant coldness as if cold water were dashed over her : Baryt carb.

Especially in the afternoon, at night and after meals, chills : Sarracen.

Distressing sensation of chilliness, in the afternoon, especially in the arms : Silic.

Short chill every afternoon, followed by heat and thirst, with cold feet and sweat on the face and hands dry cough at night so soon as he got into bed : Sulph.

Especially in the afternoon and at night, alternate coldness and heat, or shivering followed by heat, once or twice a day, or every two days : Bellad.

Afternoon, every second day, coldness with thirst and sleep, followed on waking, by heat with pressive pain in the inguinal region, without subsequent sweat : Borax.

At 1 p.m. and somewhat later each day, fever consisting only of chilliness : Canthar.

Chilliness every afternoon about 1 o'clock, with hot ears and hands : Puls.

At 2 o'clock after dinner, shuddering, preceded by headache, left side : Chlorum.

At 3 o'clock every afternoon, chilliness with hunger the chilliness increased after a meal : Ars alb.

At 3 p.m. severe chill, (3 p.m. was the time when his headache was usually worse) beginning with yawning, discomfort, anxiety and chilliness, accompanied by oppression of the chest, pain in the neck and drawing in the upper extremities, increased frontal headache. After a two hours' chill came a moderate heat which lasted till 8 p.m., with hot dry mouth, during which the patient fell asleep ; at first, frequent startings during the unrefreshing sleep, but after midnight he became quiet : Ars hydrogen.

At 3 p.m., shivering with or without thirst, without subsequent heat : Angustura.

Every afternoon, at 3 o'clock, chilly ; she shudders, worse in warmth ; the chills run down the back ;

(cocculus. Lil tig.) hands feel as if dead ; feverish hot after about an hour, with a hoarse cough ; heat of the cheeks and hands without thirst ; ceases gradually but she feels heavy and prostrate : Apis.

Every afternoon, from 3 o'clock till evening, chilliness increasing progressively without any subsequent heat or thirst : Lycopod.

Internal shivering with great thirst (in another prover, without thirst) without subsequent heat, about 3 p.m., for several days : Staphisag.

Horripilation between the shoulder blades, (Capsicum), sometimes between 3, or 4 p.m., or in the evening : Sarracen.

At about 4 p.m., chilliness, incessant yawning, nausea, inclination to vomit, chilliness starting from the back and extending over the whole body with coldness of the hands and feet, no sweat, no thirst, but heat which was confined to the face ; the chill lasted two hours and a half and ended with excessive weakness and weariness of the feet, inclination to sleep (Argent nitr), and drawing in the wrist and fingers of both hands : Lycopod.

About 4 p.m., chill without thirst (preceeded, however, by thirst about 2 p.m.) coldness of the face and hands with anxiety and oppression of the chest ; afterwards, lying down, drawing pains in the back extending to the occiput and thence to the temples and crown of the head ; three hours afterwards, heat of the body without the thirst ; the skin was burning hot, there was sweat only on the face, trickling down in large drops like pearls ; sleepiness without sleep ; full of restlessness ; the next morning sweat over the whole body : Puls.

Every afternoon, from 4 till going to sleep, chilliness extending up the back : Magnes carb.

At 5 p.m., violent chilliness, especially of back and feet ; after half an hour, sweat without thirst : Alumina.

Every afternoon at 5 o'clock, the shuddering returned : Ars alb.

THE MISSIONARY SCHOOL OF MEDICINE.

THE Annual Meeting and Distribution of Prizes of the Missionary School of Medicine was held on Friday, 25th June, 1920, at the London Homœopathic Hospital, Great Ormond Street, W.C., the Rev. J. Stuart Holden, M.A., D.D., President of the School, in the chair.

The meeting was opened with prayer by the Rev. H. Stork, Chaplain to the Hospital.

THE CHAIRMAN: My first duty is to ask our Hon. Sec., Dr. Neatby, to address us.

DR. NEATBY said, It is a great pleasure to see so many here this afternoon, and to welcome them in the name of the Council and the Executive Committee. Without any further preamble, I will just say that we stand before you to-day in a different frame of mind from what we did last year at this time. Then our note was in a somewhat minor key, because we had scarcely emerged from the stress of war, and during the war our numbers had become very low. In one of the years we had only five students, and in another only fifteen, and even fifteen is a good deal below our average. It takes as much energy and trouble to organise for five or ten as for twenty or thirty, and it really became a question whether or not it would be desirable to close the School. That, however, was happily only a phase—what our worthy President would call the “juniper tree” stage (laughter). Like the prophet Elijah, people sometimes come under the pressure of circumstances; at that time, though we did not wish to die, we felt that it might happen. Now, however, we are on the top of a tall Scotch fir tree, and the reason for our cheerfulness to-day is that we have had a large accession of students; we have registered thirty this Session, which is good (applause). Also, I may say that out of that period of depression the desire not to die had the result of causing us to make efforts to live and to flourish, and I think that perhaps the resting time was not bad for us. We were able to collect our forces and to organise. We made a fresh attempt to try to get into touch with the various missionary boards and

missionary societies in this country, and in particular in London. Our President was good enough to send out a number of invitations to responsible representatives of missionary bodies, and we had, early this year, a good meeting. One of its objects was to try and get on to our own Council here some of those who are officially interested in missionary societies, and I think I should not be making a mistake if I said that the President and Council would welcome on to our Board, missionary representatives of that kind. If there is anyone willing to join us or who knows others who would be willing, if they will give their names to me or to Dr. Holden, or to the Assistant Secretary, we shall be very glad to bring forward such names.

During the period of depression, one of our good friends rebuked our want of courage by telling us that we were going to have an accession of students, because, when the stress of war was over, missionary enterprise would increase by leaps and bounds, as we all know it is now doing. The total number of students during the time we have been at work—and this is our seventeenth year—has been 389. As to the students, I should like to say, not only for those gathered here, but for those who are interested in, and have authority in, missionary societies, that those people that we called in the early days of the war “part-timers,” are not the students that we chiefly desire to have. We are very pleased to do our best for any of them, and it is no reflection on some “part-timers” who are present; it is really, perhaps, a lack of understanding on the part of missionary councils and authorities as to the nature of the work done here, and in other similar colleges which we may have in the country. The object of the School is to equip unqualified students with sufficient knowledge to protect their own health, to help one another, and to help the natives among whom they may have to work. Most important, perhaps, though I mention it last, it is to make use of medical knowledge and practice as a handmaid to the Gospel, opening doors for the entrance of the truth, which would otherwise remain closed,

or remain closed for a longer period. We do not try to give a five years' full educational course, but the fact is, we are turning out men and women into regions where there is no doctor and turning them out to face difficulties that sometimes here, even in the land where we have every possible resource, we find very formidable—turning them out to face these difficulties with only a year's training. Seeing that that is the case, to come and ask us to equip them with sufficient knowledge in six weeks, or even in six months is really asking too much, and I should like those who are interested in missionary Councils and Boards to take that to heart. We can do a great deal in a year. The students spend one term in preliminaries and in getting accustomed to the general medical jargon that we have to talk in. Then they begin to feel at home, and to pick up rapidly; and in the last term, when various specialities are taught, they realise that they know something. As a matter of fact they do know something, and that is my point.

I sometimes feel that I have the same sort of story to repeat year by year when I come to address you, but there is this year a novel feature—not novel to the country, but to this particular School. I think that I have never had from this platform to appeal for monetary assistance, and we have been going on for seventeen years. That is something to be able to say. We are very anxious to secure new subscribers. Our deficit this year, for a small body, is a very large one—about £150. It is generally about £2 or £3 one side or the other. Things have altered very much this year for a variety of reasons, and we are in need of help. Many people are contributing and helping to the very limit of their powers, but I hope that those who are interested will be able to induce some fresh people to become subscribers to the School, because we want money to put us into a better position as there are prospects of expansion which cannot be carried out without a certain amount of financial help.

I want to offer the thanks of the School, of the President and of all concerned, in the first place to

the Board of Management of the Hospital. I hope that their representatives here will convey to them the sincere thanks of the School and of this meeting for the privileges that we enjoy, which are neither few nor small (applause). The thanks that we offer here to-day to the Matron, sisters and nursing staff of the Hospital are not at all an impersonal vote of thanks, but a very real and a very personal one, because they have helped the students from year to year, and we count on their doing so in the future and are very much indebted to them. We appreciate the fact that this Hospital does not exist for the sake of our small collection of students ; it exists for a large and important work which is going on year in and year out. As regards its own work, the Hospital would possibly go on all the better, without the students, and therefore it is all the more noble and kind of the nursing staff to give us the very great help in the wards that they do, and I want to give them a very personal and united expression of thanks from myself, from the students, and from the Council (applause). Lastly, I personally want to tender my thanks to the teaching staff of the Hospital, without whom, of course, we could not carry on. I desire to thank the tutor, the lecturers and all those who hold clinics for us. The little I do would be absolutely useless without their co-operation.

From year to year we have a band of enthusiasts gathered here, and sometimes there are some who come a little doubtful as to what a homœopathic hospital might happen to be, but there is scarcely one who goes away without being thoroughly enthused and more or less confident of the good that they will be able to do. They vary only in facilities for picking up the new work, varying according to the length of time and also in accordance with language, because we have students from Denmark, Sweden, Switzerland and other places. It is not always those who win prizes who are the best practical workers. That is a consolation for those who are not prize winners ! This year we have not been disappointed in our students. We have also to offer our thanks as a teaching staff for a most cordial letter addressed this year to us by

them. If they will, here and now, accept the thanks of the teaching staff, it will save us from writing a special personal letter to each one.

That you may realise that there is no doubt about the usefulness of the knowledge acquired here, I propose now to read a few extracts from those who have had the opportunity of applying it in real missionary life.

EXTRACTS FROM STUDENTS' LETTERS.

Miss Burnett, C.M.S., N. Nigeria, writes: "One case has given me great joy; an old lady had suffered for years from dyspepsia, had no appetite and had lost flesh. I had often tried to help her, but with little success. A few months ago she was very ill and in great pain. I gave her *hydrastis*. This made her worse at first, and her relatives all said she was dying. For three days she was very ill, and then began to get better, and has been a different woman; she eats well, is not nearly so thin, has no pain nor dyspepsia, I have since seen her carrying a heavy child on her back to another compound, when formerly she never went outside her own. Three cheers!"

Mrs. Brown, *nee* Miss Barter, 1907-1908 student, writing from Amalapuram, S. India, says: "It is nearly eight years since I came to India to work among the Telegu people. I first went to Tanuku, and after being twelve months in the country, and passing my Telegu exam., I was married to Mr. M. Brown, a former student at Livingstone College, and then came to Amalapuram, where I have lived ever since. Almost my first medical case when I came here was a triumph for homœopathy. One of the Christians came and brought her little girl to me, saying that she was two years old, but could not walk, stand or talk, and was always vomiting, etc. They had been to the other missionaries here, who had given allopathic medicine; had tried the local Government Hospital here, and the Mission Hospital forty miles away, but all to no effect; the child was no better, and would I give her medicine? It seemed a hopeless case, for the child was very weak and had rickets very badly. However, I felt that God could use simple means, so I started her with Nux

Vom. for the vomiting, and after that had stopped I put her on Calc. carb. She began to improve at once, and we persevered with the medicine, the result being that five months afterwards, when we visited the village where her father was School teacher, the little one came toddling to meet us, quite well, and they brought along a duck to our House-boat, as a thank-offering for all that I had done for their little girl. The child had been perfectly well since, and has no sign of her former weakness.

"I have had very great success with homœopathic medicine, especially with babies and young children. Two months ago one little baby girl had become so weak that I put her on a course of China, and she improved immediately, and is now quite well. The babies here get all sorts of trouble when they are teething, but Chamomilla generally helps them a great deal. I could cite a number of cases where I have been most successful, but there is not time. I want to say how very thankful I am that I had the training at the School of Medicine, and as we go into the villages preaching the Gospel, we often get an opening through giving medicine to sick ones. Through this knowledge we are also able to treat ourselves, and this is a consideration as we are forty miles from a Mission Hospital. . . . I am sure the School of Medicine has a warm corner in the hearts of all old students. . . . With all best wishes for God's blessing on your work, Yours, etc."

Mr. Arthur G. Clarke, a student in 1914-1915, writes as follows, from Ta-Shui-Poh, Shantung (apologises for delay in writing): "It is impossible for me to adequately express how much the kind interest and untiring patience of our many instructors was appreciated. I have proved by experience the inestimable value of a full course at the M.S.M. The knowledge of homœopathy thus gained has been of the greatest benefit to me, to my little family, to fellow-missionaries and to the Chinese. In this district we place a high value upon dispensary work, for we find that more Chinese are brought under the sound of the Gospel in this way than by any other means. . . .

I look forward to a further term at the School when home on furlough (D.V.). . . .

Here are a few of my cases :

" 1. Young woman : Asthma of many years' standing worse from heat and in summer—the chief guiding symptoms ; Sulphur 200 ; completely cured.

" 2. Middle-aged woman : covered from head to foot with filthy sores : had taken a lot of native medicine without the slightest benefit ; came to the foreigner as a last resource. Specific history ; Nitric acid clearly indicated—completely cured in less than a month. We did not recognise this patient when she returned, her appearance was so changed.

" 3. Man of 30 years. Rapid emaciation with profound anæmia ; cause undiscovered, but Arsenicum indicated. A course of 12th potency wrought a marked change, and the last time I saw him he seemed practically well. I specially give this case as an encouragement to those of us who, being merely missionary students of the healing art, can never hope to be expert diagnosticians. Cures can be effected in a large percentage of cases on symptoms alone, apart from pathological diagnosis.

" 4. A fellow-missionary ; lady. Right-sided paralysis of the face and to a less extent of the arm ; gradually getting worse after a somewhat sudden onset ; so disfigured that she was afraid to leave her station. Causticum 30, restored normal conditions in less than three weeks ; a slight return many months later cleared up again under the 200th potency. I have proved Causticum over and over again in local pareses, especially of the face as a result of exposure to cold winds—a common trouble with the Chinese during the severe winter.

" Success in the treatment of Dysentery has been truly wonderful. In the dozens of patients treated for this complaint, I have only known of two or three instances where rapid and permanent cures did not follow. Seldom do I have to go outside that famous trio (Merc, sol., Merc. corr., and Colocynth) for the indicated remedy.

" The stock-in-trade of a Chinese medicine shop contains many useful herbs and other things known

to Western medicine. On the other hand there are many useless and ridiculous articles, for instance, tigers' claws and vile mixtures of several species of reptiles. For such medicines miraculous properties are claimed. Methods of treatment are at times extremely drastic and worse than the disease itself. I have not time to refer to these in detail. Acupuncture is only one of the evils.

"Occasionally incidents are more sad than humorous. A man may come a whole day's journey for you to restore an eye which is completely destroyed, or to perform some other impossible task. He has heard that the foreigner has wonderful ways of healing the sick. One old man wanted me to give him a medicine to prevent his getting any of the hundred-and-one little ailments incident to old age. To the last he believed that I was unwilling to help him, not that I was unable to do so!

"Again, after nicely stitching a wound and dressing it with the utmost care, and after impressing upon the patient the necessity of leaving the bandages alone, the next day or so he returns with the whole dressing disturbed. He had only taken it off to let his relatives have a look. 'No matter,' he says, 'the teacher can easily bind it up again'!

" Do not expect any gratitude to be shown by your patients. Nine out of ten will never give you a word of thanks. To do good in any extensive way out of pure love and kindness to others, is a thought quite foreign to the Chinese, at any rate in practice. The sages certainly taught it, but it exists only as an unattainable ideal with the scholars. Hence an ulterior motive is attributed to us. Some say we are Government agents, paid well to distribute medicine. Others say we do it to attain merit, therefore we are the ultimate beneficiaries. These are things the new worker has to live down. . . . Occasionally one does meet with some appreciation, but this is mostly among the poor and illiterate folk. A present of a few eggs, a chicken or some vegetables are left at the door with a few simple words of thanks. . . .

" In the recent cholera epidemic Camphor,

Veratrum alb., Arsenicum and Carbo veg. were worth their weight in gold. While I was conducting the funeral of one of our oldest Christians, who had succumbed to this dread disease, a youth collapsed on the burying ground, and his sister was stricken down. Others in the same village were affected. Not knowing Cholera had attacked the place, I had taken out no medicine. After the service I cycled home without delay, and sent remedies with full instructions the same night. The lad recovered, also his sister and other members of the family who were stricken. Medicines were also taken as prophylactics and not a single death further occurred in that village."

Mrs. Brand, *née* Miss E. Harris, student in 1911-12, writes from Namakal, India: "I am sorry it is so long since I last wrote. . . . As far as dispensing work is concerned I am often left in sole charge, as my husband is out on camp often. Ours is the only dispensary on these hills, with about 20,000 inhabitants. The numbers of the people, however, does not ensure us a large attendance. The people are stupid, ignorant and lazy often about their invalids, being more willing to let them die than come too far with too great a burden. . . . There are no roads on these hills, the place is wild forest and rocky land, with cultivated districts in the valleys. Cheetahs or leopards abound in the larger forests. One stole two of our calves while we were out on camp this year. I have not seen them; they must be large as they can carry off a cow, and their howl is horrible to hear. Bears, too, are almost everywhere, but as they only appear at night we do not see them either.

"The other day when Mr. Brand was on camp, a man was carried to the dispensary in a great state of distress, a crowd of his people coming with him. He had been attacked by a cheetah. I soon had his wounds dressed, but was surprised that he made so much fuss about it. The animal had scratched his face, just missing his eye and had fixed its teeth into his arm just below the elbow. The wound was fairly deep, but not very large. Later on I went to see him and found him lying full length on the grass, and when

I felt his pulse I was pretty alarmed. It was really a seriously irregular pulse, dropping beats again and again. I realised he was suffering from shock more than from the wound. At home one would expect it, but with these hardy, tough sort of folk it was more surprising. They are so used to seeing and warding off these beasts.

"A serious case of shock was caused by severe burns of the face, legs and one arm. In a day or two the man became fearfully collapsed, and I had a very anxious time for a few days, watching his pulse and temperature. The pulse rate was alarming and at times would almost seem to cease; brandy, quinine and also cantharides, supplemented by plenty of prayer, brought him round.

"A few weeks later he came back in good health to present his thanks in the shape of a bunch of bananas. . . . We have plenty of teeth to extract here, and syphilis is very common, on account of the immoral lives of the people.

"Apis is a great favourite with me; a few months ago I gave it to a woman who was enormously swollen with dropsy. She seemed absolutely helpless, and I thought past hope. This lasted for days, but ultimately yielded to treatment. . . . I should love to have another term or two at the Missionary School of Medicine, but do not know when we shall return, as there is no one to take over the dispensary in our absence."

Having read the extracts from letters, Dr. Neatby continued: We have heard over and over again that a little knowledge is a dangerous thing. This is the kind of little knowledge with which we are able to equip our students. I do not say that it is not dangerous, but no knowledge at all is infinitely more dangerous. I believe this to be not only a good work, but a great work, and one capable of extension. The reason we press it home is that the lack of qualified men and women is great and is increasing. In India and in China there are hospitals, which were once in a flourishing condition, that are now closed for want of medical men and women. I console myself when I think of the alleged danger

by saying "Half a loaf is better than no bread," and these places have no bread in the sense of qualified doctors. I feel that, even if it were a question of manning a hospital in places where there was no one to man it, if our students were here a couple of years instead of one, we should turn out a very respectable set of practitioners indeed. (Applause.)

THE CHAIRMAN : I want to associate myself, having the honour of being President of the School, with the grateful thanks which Dr. Neatby has expressed to the authorities of the Hospital and the medical, surgical and teaching staffs, for their kind co-operation which has made the carrying on of our work possible. Without such help, the work would have come to an end forthwith. I should like to associate myself with his thanks to the students for their kindness. As one who has some little to do with students, I can assure you that we are very thankful to have those who are desirous of making use of every hour in acquiring knowledge such as we are able to impart to them. The School is not a missionary society ; it is simply a handmaid to existing societies. We believe that it is not only desirable, but in many cases vitally necessary that men and women, going out to various parts of the mission field, should have some kind of equipment in the way of the sort of knowledge which we endeavour to impart to them. We believe that the day will come when members of missionary Boards will take their responsibility in dealing with young lives more seriously, and will realise the tremendous risks involved in sending out into places where no medical help is available a young man or woman who knows simply nothing about the facts of the human body. We have endeavoured to impress our ideas and aims upon the missionary bodies, but have not met with all the success we should like, not only because this is a homœopathic school, but because the Boards seem to want to rush out their young men and women as soon as possible. We look upon anything that it costs in money and time here to equip a student to the extent we endeavour to do, as an insurance premium. If all thought that, we should not have some of the heart-

breaking stories that come down of valuable lives absolutely squandered. Our conception of the whole work of the School is a triple one. Addressing the students, Dr. Holden said: We believe first of all that your bodies are the temples of the Holy Ghost, and that it is part of your responsibility to keep them in repair; secondly, that the bodies of your fellow missionaries are the channels of His Grace and the media through which He works in the various fields to which you will go; thirdly, and not least, that the bodies of those heathen peoples are your only point of contact with them for many years to come after you first go out. All languages and all peoples understand pain. Your privilege it is to go and minister to that pain and so to make contacts for the Gospel with which you are entrusted.

The world is becoming a very small place; that which used to divide now unites men. Business men get tremendously agitated over a rise in silk, in the Shanghai market, for instance. Therefore, the need of our taking the Gospel in the wisest and most effective ways to all the peoples who sit in darkness was never quite so obvious and never needed such insistence on our part, and it is therefore our duty to send out workers equipped to the fullest possible degree for the work which angels might well envy, but will never have a chance to do. Every bit of real knowledge—if it only be real—that anyone has in any of the mission fields of the world will not be put out to use without securing beneficial results.

THE CHAIRMAN then called upon some present and former students of the School to relate their experiences.

MISS ELLIOTT (India): I have to confess that I knew nothing about homœopathy about eight years ago when I went out to India. I got in touch with some former students who had been here when I was out in India. They carried on a small dispensary at a little station. I went there when one of them was on furlough, and there I saw what a tremendous lot of good they had learned here; they fairly astonished me by the things that they were able to do. It might be asked what was the scope for that sort of amateur

work in India, about seventy miles from Delhi, and not at all in the wilds. In that district there was reckoned to be a population of about a million, and until last year there was only one women's hospital, and that contained six private wards and one public one with six beds. The utmost that could have been got into that hospital was between twenty and thirty in-patients. If you reckon 300,000 women in the district, there were only twenty or thirty beds for them all. There was therefore tremendous scope for activity. During the influenza time the lady doctor was alone ; I found all her staff except two laid aside with influenza. One had taken French leave and had gone, and the doctor had to perform an operation that morning with only the aid of a dispenser. That shows that even in hospitals, where you would expect everything to go on without outside help, they are sometimes very much handicapped. About the dispensary, you may ask whether we could accomplish any good and whether the people appreciated it. The difficulty is to keep the medical work within bounds, because the people would like you to be at it all day. We used to open on three evenings in the week, and it was very rarely that fewer than fifty to sixty people attended, and we went up to ninety or one hundred sometimes in an evening. While I was there, there was an outbreak of plague, so bad that we had to shut down our ordinary work and we spent our time in doing all that we could. The hospitals cannot reach the villages at a time of plague, etc. During the outbreak of influenza in the village near my station, I felt that I would have given anything to have the knowledge that one can gain here, to know how to apply the few medicines that I had. I did not know how to help these people, and I determined that I would come to this hospital and learn something. Humanly speaking, I felt certain that I could have saved the lives of many people if I had had half the knowledge which I have now. At any rate, we learn to recognise the danger signals here. I agree very heartily as to the necessity of staying here at least three terms. I should like to thank all the teaching

staff, the sisters, the nurses, and everybody in the hospital. They have been most generous in the way in which they have aided us and taught us anything that we wanted to know. (Applause.)

THE REV. F. B. MORRIS, M.A. (Belgian Congo): It has been said here twice this afternoon that a little knowledge is a dangerous thing, but it would have been a dangerous thing for me, at any rate, if I had gone out to the Congo without a little knowledge. Probably I should not have come out of Africa, and possibly not with my wife and two little boys, who are an advertisement for the Congo, or rather for homœopathy in spite of the Congo. When a white man goes out to pioneering work, the natives all think "Here comes a healer," and they think that you can clear up the most unpleasant ulcers and other distressing things in a moment of time. It has been most encouraging to see the results of treatment in clearing up serious cases—awful specimens of diseased limbs and bodies, and horrible ulcers. Ulcers and pneumonia have been the chief things with which we have had to deal, and we have had some wonderful cases of healing in both these diseases. Two or three times we have said, "I never thought that we should see that man walking again." I feel grateful to Dr. Holden, my friend and benefactor, for allowing me, whilst I was curate at St. Paul's, Portman Square, to have a part course here. I am thus only a part-timer, and I think I must plead for part-timers, if they can be kept up. It has been a tremendous advantage to me to know how to take care of myself, my wife and family, my fellow missionaries and the natives. Here at Great Ormond Street you do not get homœopathy crammed down your neck; it is just set before you, and any reasonable person must be convinced of the tremendous value of the treatment, and the knowledge that we gain of how to take care of our bodies and how to know the danger signals is of tremendous value. I hope that this great work of the Missionary School of Medicine will go on and increase. We had one qualified doctor in our mission at one time. She was an allopath, but she went back to America, took a

course in homœopathy and became converted to it I ask you to make this school known, to support it and to correct the wrong impressions that go about. I wish with all my power to say what great benefit it has been to me and to my fellow missionaries in Africa. (Applause.)

MISS PINN (Peru) : My only regret is that I have to speak as an *old* student. It is eight years since I was here, and before that time and since I have been working in Peru. I believe that if this school were a missionary society, my station would be looked upon as one of your stations, because we have always had a succession of missionaries from this School, and they have a great reputation. Since the war we have suffered from changes of staff, and the time came when we thought that we should have to shut down our dental department, which had a great reputation and was very popular, but just at that time a huge packing case arrived containing a dental chair. Of course this settled it. I had to undertake the work myself, though it was in fear and trembling at first. To begin with, I operated on those who were rather elderly, and whose teeth were likely to be loose, but later on I was able to take on all comers. It was quite worth while to see how grateful the people were, especially the poor Indians who used to come to us and who could not afford to go to a dentist. They would bring us presents. The last present I received was a bunch of onions instead of any payment. The work has gone on, on somewhat different lines since I have been at this School of Medicine. We have been able to secure four or five rooms, one of which we keep for operations. We have some four or five beds available, and they are nearly always attended by native doctors. The Peruvian doctors shrug their shoulders when I mention homœopathic medicine, but when they get desperate about a case they will allow us to do what we like, and are frequently surprised at our success. We have no medical man at all of our own, and the people are continually sending to us for help or sending us small bottles to be re-filled, and we try to keep them supplied in that way. I am very grateful

for all that I have learned at this School, and which I have been able to put into practice since I left. (Applause.)

THE CHAIRMAN : I may say that we have, represented amongst our students, missionary societies widely different in their method of work, including the Church Missionary Society, the Regions Beyond Missionary Union, the Wesleyans, etc., more than a dozen of which have been represented in the present session. I think that we may thus lay claim to the title, which I was bold enough to suggest, of handmaid to all the missionary societies. I have now one very pleasant duty, to request Mrs. Holden to distribute the prizes. I know that she wishes me to say how gladly she has acceded to the request to make the presentation to those students who have been successful in the examinations this year.

Mrs. Holden then distributed the prizes.

The Chairman then called upon the REV. DR. F. B. MEYER to address the students.

Dr. Meyer said : Very few words are necessary from myself to add to the intrinsic value and interest of this meeting. I sat down at a very late hour last night, or a very early hour this morning, to study these two books of yours, and I was extremely interested to find several names familiar to me, names of men who have passed to regions beyond, notably that of Mr. Gilchrist, whom I knew. I thus felt that I had a sort of personal interest in this Society, and that seemed to bring me to repentance also, for my father for many years of my early life was always urging the virtues of homœopathy. I am afraid I have become rather slack in these later years. I do not think I have had a doctor for fifty years, and I really begin to think that there must be something in homœopathy (laughter). I feel that this has almost persuaded me to be one. I know that my father was very particular in having everything very clean ; everything had to be covered over. I can see now the little paper covers on all the glasses (laughter). It has been a marvel to me that in circumstances when one would think something much stronger would be required

amid conditions that certainly do not tend towards cleanliness, in spite of everything, homœopathy should work the miraculous cures indicated in this book and which I have heard to-day. It sends me away in a much more thoughtful mood about the whole system.

I realise that a partial knowledge of your curative system is of immense assistance to those who cannot be medical missionaries, but who are yet able to exercise the healing art, and I can realise what a power there must be in dealing with people who do not know God ; I am extremely interested in that side of it and would very much like to hear more on those lines. So far as I know Africa, illness and disease are attributed to evil spirits, and the main conflict appears to be between the witch-doctor, who is constantly calling in the aid of demonology, and the Christian missionary, and, if it could be shown that by prayer and faith and the use of a very simple method, disease is arrested the witch-doctor would be superseded.

It would take a long time to explain to you what I think of this earth as a sort of battlefield in which God is engaged in the overthrow of the great, dark principalities and powers. It seems to me that we shall never understand missionary work or what prayer may do in the home-land until we realise what Paul meant when he said that we fight against principalities and powers. One method of attack is through physical health and the healing that we are able to bring. There is this interesting thing in addition—the great frugality of Christ in the use of miraculous power. He was no spendthrift, although all power was given to Him, yet He was very frugal in its use, using only just as much as the occasion absolutely required. We can see how constantly the Divine power needed the co-operation, to a very small extent apparently, of the human. I am deeply moved by this, that there is a little bit that I must do, and then I can count on Him to do the rest. The same thought runs through natural processes. There must be a sowing and a gathering in ; there is the constant use of the human element, which must be put in. You and I are doing, perhaps, 5 per cent, and our Fellow Worker is doing

95 per cent. I suppose one might put it at a lower figure ; some of us are doing only $\frac{1}{2}$ per cent. It must be a help to you to realise that there is not a square inch of this earth that does not belong to Christ ; that He has purchased this earth and has it in His power ; that everybody there before you is, as Dr. Holden said, a possible temple of the Holy Ghost, and that you are not winning it for the first time, but regaining it for Him.

The CHAIRMAN : I should like to propose a vote of thanks to Dr. Meyer for his inspiring and helpful address. I may say that on Wednesday evening next we have a great meeting at Westminster to celebrate Dr. Meyer's ministerial jubilee, and I have the very distinguished honour of making one of the addresses on that occasion. You will all agree, I know, that we owe him a deep debt of gratitude.

DR. NEATBY : I should like to second that. Dr. Meyer has done for us what not all speakers succeed in doing, he has lifted the material and medical on to the highest possible plane. He has said just the thing that is wanted and has not thrown cold water on the wonderful cures which have been effected. I want to correct him, however, in one small matter. Dr. Meyer is really one of the founders of this School, although he does not know it. In our very first year he gave us some very encouraging words which we reprinted year after year, and which were most helpful to us in launching the School.

The vote was carried by acclamation, and was briefly acknowledged by Dr. Meyer.

Votes of thanks were also accorded to Mrs. Holden for presenting the prizes, and to the President for his work on behalf of the School.

BRITISH HOMŒOPATHIC SOCIETY.***ANNUAL ASSEMBLY—FIRST MEETING.**

THE First Meeting of the Annual Assembly of the British Homœopathic Society for the Seventy-sixth Session (1919-20) was held at the London Homœopathic Hospital on Wednesday, June 30th, 1920, at 5 p.m. Dr. Edwin A. Neatby, President, in the Chair.

DR. BYRES MOIR.

A vote of sympathy with Dr. Byres Moir in his serious indisposition was unanimously passed.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

A telegram of greeting to the American Institute of Homœopathy for its Annual Assembly at Cleveland, Ohio, June 22nd to 25th, had been sent in advance by the Honorary Secretary. And to this had been received a fraternal reply from President Sawyer to the British Homœopathic Society which was read at the meeting.

A DISTINGUISHED VISITOR.

Dr. Royal S. Copeland, Commissioner of Health and President of the Board of Health for the City of New York and sometime Dean of the Flower Hospital Medical School and past President of the American Institute of Homœopathy, was present as a visitor. He was introduced by the President and Dr. Burford, and later made some interesting remarks on the outlook for homœopathy in the United States and Great Britain, commending specially the institution of Post Graduate teaching.

THE PRESIDENT'S VALEDICTORY ADDRESS.

At this early stage of the Annual Assembly in order that the Society might become fully aware of the progress of its forward movement, the President gave his valedictory address.

The address presented a review of the steps which had led to the formation of the Covenant

* We owe this full report to the kindness of Dr. Goldsbrough.

of Extension and showed the number of members who had signed. The amount raised for the President's Reconstruction Fund had reached the total of £700. The address appeared in the July issue of the Journal with a list of contributors to the Fund. On the motion of Dr. Burford seconded by Dr. Goldsbrough, and supported by Dr. Wynne Thomas a hearty vote of thanks to Dr. Neatby for his encouraging address was carried by acclamation.

AN EXHIBITION OF CLINICAL CASES.

The following cases were exhibited and demonstrated, and a discussion followed on some of them.

1. By Dr. Goldsbrough. A case of Double shoulder girdle paralysis in a man aged 51.

2. By Dr. Weir. Rheumatoid Arthritis in a woman age forty. A Pulsatilla Case.

3. Dr. M. L. Tyler. (a) A Case of goitre relieved ; (b) A mentally deficient girl improved by manipulation of neck under anæsthesia.

4. By Mr. James Johnstone (by Mr. Quinton, House Surgeon). A Case of obscure abdominal pain which continued for one year after gastro-jejunosomy relieved by cholecystectomy for gall stones.

5. By James Eadie. An orthopædic case.

By Dr. Bach. Microscopic slides showing malarial parasites.

Specimens were also shown by Dr. Neatby.

THE DINNER CLUB.

After the Meeting the members dined at the Hotel Russell, with the President in the Chair, and Dr. Royal S. Copeland, as guest of the evening. Some interesting toasts and speeches followed. Dr. Royal S. Copeland in reply to the toast of his health gave a humorous account of his efforts to establish the homœopathic claim to recognition in reference to medical effort of America in the Great War. Some hesitation had been shown by the Red Cross Authorities against recognition, but the persuasive, tactful and determined effort of the representative of homœopathy in the person of Dr. Copeland gained the day and

several hospital base units from Homœopathic Hospitals and Colleges found their rightful place in the United States Army equipment.

SECOND MEETING.

The Second Meeting of the Annual Assembly of the British Homœopathic Society was held on Thursday, July 1st, 1920, Dr. Neatby, President, in the Chair.

NEW FELLOWS.

A ballot was taken for the election of Dr. Margaret L. Tyler, and Dr. Harold Fergie Woods, as Fellows of the Society. The President certified that these members had fulfilled the requirements of Law X., and they were in consequence unanimously elected to the Fellowship of the Society.

THE INTERNATIONAL HOMŒOPATHIC COUNCIL.

On the motion of Dr. Burford the following delegates were appointed to represent the Society at the forthcoming meeting of the International Homœopathic Council at the Hague. Dr. Neatby, Dr. Wheeler, Dr. Cash Reed (Liverpool) Dr. Spencer (Ashton under Lyne) Dr. Powell and Dr. Fergie Woods.

REPORTS.

The Annual Reports of the Honorary Secretary and Treasurer were presented to the Society and adopted.

OFFICERS FOR 1920-21.

The following Officers for 1920-21 were unanimously elected.

President : Dr. Edwin A. Neatby (re-elected).

Vice-Presidents : Dr. William Clowes Pritchard,
Dr. Granville Hey.

Honorary Treasurer : Dr. Spiers Alexander.

Council : *Fellows*, Drs. Burford, Miller, Neatby,
Wynne Thomas (Bromley) and Wheeler.

Members, Dr. Grace (Tunbridge Wells) and
Dr. Hall-Smith.

The Session for 1919-20 then came to a close.

THE SIXTH ANNUAL MEETING
OF THE
CHILDREN'S HOMŒOPATHIC DISPENSARY.

THE Sixth Annual Meeting of the Donors and Subscribers of the Children's Homœopathic Dispensary was held at the London Homœopathic Hospital, Great Ormond Street, W.C. 1. (by the kind permission of the Board of Management) at 3 p.m. on Wednesday, June 23rd, 1920.

Sir George Wyatt Truscott, Bt. (in the chair), Lady Ethel Baird, G. W. Budden, Esq., Mrs. and Miss Callard, Dr. and Mrs. J. Roberson Day, Mr. Marshall Jay, Mrs. Johnson, Dr. Lawson, Mr. Wilfrid Medd, Dr. E. A. Neatby, Miss Noble-Taylor, Dr. and Mrs. J. C. Powell, Mrs. Rockliff, Mrs. Fergie Woods, the Secretary and others.

Regrets for absence were received from Mr. and Mrs. Boake, Mrs. Wilkinson Brooks, Dr. Burford, Mr. C. E. Hartridge, Dr. Weir and Dr. Fergie Woods.

The Minutes of the Fifth Annual Meeting were taken as read, adopted and signed.

The Sixth Annual Report of the Dispensary for 1919 was read by the Chairman.

In moving the adoption of the Report, Sir George Truscott said :—

He thought all present would agree with him that what he had just read was a very excellent report. He liked the method adopted : it was quite true that long reports were not read. It was concise and pithy, and brought out to an advantage the points to be considered. In his opinion the Committee were right in summarising the progress of the work since its foundation. They would recollect that the Dispensary was started through the efforts of Dr. Roberson Day, in 1914, just before the War. This could not have been a more unfortunate time in one way—it made the work of building up the Dispensary all the harder, but he thought it was true that adversity in this, as in people, brought out the best in those who had to face it. Dr. Day made up his mind that, war or no war, the Dispensary was to go ahead : he spared nothing in his

attention to the work and he was sure he had been readily and admirably assisted by all his colleagues. He heartily congratulated Dr. Day and hoped that during the coming year he might succeed in obtaining the services of other members of the profession. Besides more doctors engaged in the work, they required the strictest economy in order to do more and better work; their main idea being to bring up the children in health, and consequently in happiness. Whatever was done should be done economically. What had already been achieved was marvellous and he was sure the public—especially the public of that neighbourhood would be all the more willing to support the Dispensary. He thought they might expect to draw more and more patients from people in that locality, and it was possible that he himself might be able to help in this respect by getting in touch with those who were carrying on business (especially manufacturers). He might, also, know some of the employees in the factories.

Sir George Truscott went on to say how much he regretted the loss of their previous Chairman, Mr. E. Handfield Morton, now no longer in London. He hoped that he might be able to attend the next meeting.

Turning to the statistics in the Report, the Chairman remarked that he deplored the falling off of subscribers, also the reduction in the number of donations received and said, they must make an effort to raise at least £300: if £50 could be added to that amount, all the better.

Looking at the other side of their finances, he noticed that the number of patients was increasing, through the recommendations of those whose families had benefited by the treatment administered. He thought they might be contented to let the work grow in that way because it placed the Institution on a very strong foundation.

On reading the Report of the last meeting (when Dr. Roberson Day was in the Chair) he noticed the usual practical and interesting remarks made by the Chairman. One point had particularly attracted his attention. Dr. Day had stated that it had often been said that children

born weaklings were often very bright mentally. We knew how very true that was, and it showed that we ought not to lose interest in any child if born a weakling because very often intellectually they were made of the best stuff possible, but they wanted a stronger body to make the work of the intellect more powerful. At that meeting, Dr. Day had said in addition that "they, as a body, were linked together in the belief in the superiority of the treatment of children by Homœopathy." That was a very substantial fact—for what other institution could deal as ably with the chronic diseases of children? If a child was brought to them in early years, by scientific treatment they could very often eradicate the chronic defects of any disease—a result which was very difficult to achieve by the system of other schools.

The Chairman, continuing, said he thought the Report which he had just read had brought out their hopes for the future so well that it was hardly necessary to dwell on the subject, but he would like to again thank Dr. Day for the very excellent way in which the work had been carried on. He hoped, however, that this year would be more propitious and when next they met they might have a larger balance in hand. They did not want it too large, but he would like to see it come out very near. Sometimes it was possible to appeal more effectively to the public without a balance on the wrong side. In any case, he strongly advised an appeal for more money to enable them to spread their ideals and carry out the work unhampered by financial difficulties.

He had great pleasure in moving the adoption of the Report.

Mr. Wilfrid Medd, seconding the adoption of the Report, said that on reading it and hearing the Chairman's survey of it the idea had come to him of the planting of a sapling that might grow into a forest. The next thing that struck him so poignantly was how the Dispensary had succeeded in weathering the difficulties of the war. They all knew of Institutions whose flags had had to be lowered. Although there had been a regrettable falling off in subscriptions, he

believed that now the cloud of war had passed and the angel of peace had come over the land, this year would bring a replenishing of the funds. The Report was full of encouragement—but if anyone had any misgivings let them say so! He himself could only say that his one regret was not to have had a share in it.

The Report was then put to the vote and carried unanimously.

Dr. J. Roberson Day proposed, Mrs. Fergie Woods seconded, and it was carried unanimously, that the President, Vice-President, General and Ladies' Committees, the Hon. Treasurer, Auditors and Solicitors be re-elected.

It was also proposed by Mr. Budden and seconded by Mrs. Callard that a vote of thanks be conveyed to the Auditors and Solicitors.

After which, Sir George Truscott remarked that he was very pleased to be placed once more in the honorable position of President and, referring to the names on the Committee, drew special attention to the Ladies' Committee. It was, he said, exceedingly nice to see Mrs. Roberson Day helping her husband, and he had no doubt the Ladies' Committee was a great asset, particularly on the economy side.

Mr. Marshall Jay proposed a vote of thanks to the Medical Staff, saying how much he appreciated what medical men did. Had it not been for their skill his life would have been a blank and desolation, and without their aid, he might, on one or two occasions, have passed into the Unseen. He was sure they all could not be too grateful for the kindness of the doctors in giving so much valuable time to the Dispensary. He hoped another member of the profession might soon be found to fill the present vacancy. He had the greatest pleasure in moving a very hearty vote of thanks to be tendered to the Medical Staff for their unfailing services.

The vote of thanks was then put to the meeting and carried unanimously.

Dr. Roberson Day, responding to the vote of thanks to the Medical Staff, said he thought the Chairman had mentioned his name far too prominently. Had it

not been for other members of the medical staff the work would have been impossible. He wished it to be remembered that he had only had a share in the building up of the Dispensary, and hoped that the kind remarks of the Chairman would be taken as applying to all his associates. There was at the present time an increasing number of people who were taking more interest in child life, people who realised the necessity for caring for what children we had. Coupled with the fact of a diminished population (owing to the war), there was decrease in the birth-rate. In the past we had been far too careless of child life and had apparently forgotten that the adult would suffer from this neglect. Notices had been appearing recently, however, of many enthusiastic meetings which were taking place in various parts of the country. Some of the extracts were very amusing reading. In *The Times*, for instance, a series of commandments entitled "Don'ts" had been published: viz. :—

- 1 Thou shalt not kiss me on the mouth.
- 2 Thou shalt not sneeze or cough in my face.
- 3 Thou shalt not give me a dummy to suck.
- 4 Thou shalt give me boiled cold water to drink.
- 5 Thou shalt give me the right things to eat.
- 6 Thou shalt give me a bath every day.
- 7 Thou shalt give me clean clothes.
- 8 Thou shalt give me my own bed.
- 9 Thou shalt give me a comfortable room with
the window open.
- 10 Thou shalt give me plenty of sleep in the fresh
air.

When we find *The Times* putting in things of that kind, it meant, he contended, that all these things which should not be done—children sleeping in their mother's beds, not allowed enough water to drink, having insufficient fresh air and so forth—were still being done. But it was hoped we shall soon have a healthier race showing that the early days of life were looked after; as such work that was being done by the Ante-Natal Society would bear witness. It was also interesting to find that people of eminence like Mrs. H. A. L. Fisher were giving more consideration to the needs of the

children. While her husband was engaged attending to the educational side, she was keeping a watchful eye on the mental and physical development of the children. In fact, while in 1918 mortality in children under one year reached 97.16 per 1,000, in 1919 it was only 89 per 1,000, a drop of very nearly ten per thousand, and if we could go on like that there would be a greater number of children permitted to grow up and be useful citizens of the world. There were, he remarked, three chief causes of mortality. First, congenital defects; secondly, ignorance in exposing children to sudden climatic conditions (mothers during air raids having been known to rush them from their beds in the depth of winter thinking to save both their own and their children's lives, with the result that in many cases pneumonia set in); thirdly, gastro-enteritis.

Dr. Roberson Day went on to say that we had heard a good deal in the Report which had just been read of what the C.H.D. was doing, but perhaps he could add a few statements which would bring it more up to date. More medical officers were wanted and he was glad to say they had already been fortunate enough to secure a gentleman who, he thought, would prove a great help to them all and whose formal election would take place after the meeting. The loss of Mr. Handfield Morton had been a sad blow, but they had now secured the services of Mr. C. E. A. Hartridge to fill his place. Unfortunately, owing to an attack of influenza, Mr. Hartridge had been unable to attend the meeting. Proceeding, Dr. Day drew attention to the increasing number of patients. The Waiting Room, he said, at the Dispensary, was often over-crowded. They had recently had to buy more forms, and he had heard already that these were now all occupied. The next thing necessary would probably be a larger waiting room. A great deal had been done in the way of recommendations: they were continually receiving letters brought by new patients testifying to the benefits derived by some friend's child, and these came from far and near! Much benefit continued to be obtained from the physical exercise department conducted by Mrs. Johnson which afforded valuable help in that way.

The Convalescent Cot at Lancing-on-Sea had also proved of great assistance in completing the restoration of health.

In conclusion, Dr. Roberson Day said it was worth while considering what Homœopathy was doing at the present time for children. Until about twenty-five years ago there were *no* special facilities offered by Homœopathy for the treatment of children. They were just attended to along with the adults in the out-patient departments and were accommodated as in-patients either in a separate ward or mixed up with the men or women as the case might be. But twenty-five years ago an effort was made to provide those facilities, when a Special Children's Department was opened at the L.H.H., and in that way that hospital was brought into line with all the other Metropolitan General Hospitals where men, women and children were received for treatment. But the Hospital for Sick Children (next door) was the first institution established *exclusively for children*, and from that time their knowledge of the diseases peculiar to children might be said to have commenced. Hitherto children were regarded as miniature editions of adults, the diseases they suffered from were the same and presented the same symptoms, but it was soon discovered that children suffered from diseases of *their own*, and when they did have a disease such as acute rheumatism the type was quite of a different character from that met with in the adult. In that way their knowledge had advanced and now *Pediatrics* was a special study. Homœopathy, alas! had no special Hospital for Children in England, although a "Scottish Homœopathic Hospital for Children" had just been opened by the Scots, always a canny people, and they were to be heartily congratulated in their foresight. A children's hospital, he considered, was a far more useful institution than one for adults. It was now beginning to be realised that it was much better to prevent people falling over the cliff than to provide the ambulance at the bottom. By caring for the children they were ensuring a healthy population in the future. It was so much easier and wiser to prevent disease—to eradicate some congenital taint rather than

allow it to go on unchecked and thus mar the whole life. Hitherto the plan adopted was to leave the children alone, and care for the adults, but now all that was changed and the C.H.D. was doing its part for the children. They had, of course, experienced their most trying years during the war with the loss of some members of the medical staff by death and the depletion in the staff when they had to serve in the R.A.M.C. However, they looked for brighter days in the future. To achieve this, he said, it would be necessary to gain new adherents. There was great need for Homœopathic hospital extension. The institution at Shepherd's Bush was started as a Dispensary, but it was not going to continue as a dispensary only; as years went on, it must become a hospital. If Homœopathy could not support a children's hospital it was a bad omen for the future. He laid stress on the great responsibility incurred by those who know the benefits of Homœopathy.

The Chairman then rose to say how much he admired the personality of Dr. Day. He felt sure his wishes would materialise and that we should before very long see the inauguration of a Children's Homœopathic Hospital. When this happy event took place, he hoped they might get someone of more importance than himself to lay the first stone.

The Chairman proposed, Mr. Budden, seconded, and it was resolved, that the best thanks of the meeting be conveyed to the Board of Management of the London Homœopathic Hospital for the loan of the room.

In proposing a vote of thanks to the Chairman for presiding, Dr. Day said how much they appreciated the presence of their President, himself such a busy man, at the meeting. He was sure all those present would agree that Sir George Truscott had a strong belief in the cult which inspired them all and that he had come to the meeting at much inconvenience to himself.

Dr. E. A. Neatby seconded this vote of thanks to the Chairman, which was carried with applause.

Sir George Truscott, replying, said the fundamental principles of Homœopathy were to his mind so great

that it was always a pleasure to him to do anything that might help in the furthering of those principles. In thanking all those who were present, he would say that he much appreciated the way in which he had been received.

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Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH JUNE TO 15TH JULY, 1920.

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The usual Quarterly Meeting of the Council was held at Chalmers House on Tuesday, 13th July, at 4.30 p.m.

The usual Monthly Meeting of the Executive Committee was held at Chalmers House, on Wednesday, 21st July, at 4.30 p.m.

The Association is offering a Prize of Ten Guineas for the best short Essay explanatory of "The Principles of Homœopathy" for general circulation. Those wishing to enter the competition are invited to apply to the Secretary of the British Homœopathic Association (Inc.), 43, Russell Square, W.C. 1, for information as to the lines on which the Essay may be drafted, time limit, etc.

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MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

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| <p>Barling and Morrison. A Manual of War Surgery. With an Introduction by Major-Gen. Sir George H. Makins. 8vo, pp. 495. n. 21s.</p> <p>Cameron (S. P.) A Manual of Gynecology. 2nd edition, revised. Royal 8vo. n. 25s.</p> <p>Cunningham's Manual of Practical Anatomy. Vol. I. Revised and edited by A. Robinson. 7th edition. Cr. 8vo. pp. 451.</p> <p>Davis (W. Clyde). Essentials of Operative Dentistry. 3rd edition. 8vo. n. 21s.</p> <p>Encyclopædia Medica. 2nd edition. Under the General Editorship of J. W. Ballantyne. Vol. VI.—Heat Fever to Intertrigo. Royal 8vo, pp. 666. n. 25s.</p> | <p>Findlay (Leonard). Syphilis in Childhood. Cr. 8vo, pp. 166. n. 8s. 6d.</p> <p>Jack (William R.) Wheeler's Handbook of Medicine. 6th edition. Cr. 8vo, pp. 573. n. 12s.</p> <p>Midwife's Pocket Book (The). With which is incorporated the Midwife's Pocket Encyclopædia. 7th edition. 18mo, pp. 188. n. 1s. 3d.</p> <p>Pharmaceutical Pocket Book for Practitioners and Students (The). 9th edition. 18mo, pp. 360. n. 3s. 6d.</p> <p>Pope (Amy E.) Pope's Manual of Nursing Procedure. Cr. 8vo, pp. 607. n. 10s.</p> <p>Sutton (R. L.) Diseases of the Skin. 3rd edition. Royal 8vo. n. 42s.</p> |
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BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homöopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homeopathica.

The Homœopathic World.

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BRITISH HOMŒOPATHIC ASSOCIATION

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THE HOMŒOPATHIC WORLD.

SEPTEMBER 1, 1920.

INTERNATIONALISM.

THE meetings at the Hague of the International Committee took place on August 25th, 27th and 28th, and we hope, next month, to publish a full account of the proceedings. At this time we wish to consider International Co-operation and the best way to increase its undoubted value. A good deal of light on this subject was thrown by the recent meetings and will appear when the report is made public, but there are general aspects of the matter which may fitly be dealt with now.

First, it is important to insist that all homœopathic interests everywhere are closely, intricately related. It is not possible for the cause to flag in any country without effect on all the others, and correspondingly, every advance in any land gives more than encouragement to the rest. For instance—the University of California offers two chairs to Homœopathic professors to teach their special subject side by side with the rest of the medical curriculum, on equal terms with the other teachers. At first sight this might seem a pleasant concession for California, but of little importance outside its boundaries; but that would be a singularly short-sighted view. Henceforward, any orthodox physician in New York, London, Paris or Rome, who feels impelled to characterise Homœopathy

as humbug, and its adherents as charlatans, will have to remember that other physicians in California as orthodox as he, find it quite consistent with their dignity to work side by side with the heretics, and may be justly amazed if their colleagues are thus insulted.

Wherever Homœopathy succeeds a wave of hopefulness spreads over the whole body. It is, of course easier to recognise this in one's own land. It is not difficult for the Londoner to rejoice at homœopathic success in Glasgow or Bristol, but it requires a little faith and a little consideration to realise that though the progress in other nations does not as immediately affect our cause as progress in our own land, yet the result is just as inevitable if for a time delayed. We need to take wide views and cultivate wide interests even for our own selfish sakes. More than that we need to realise that it may be to our own best interest to give time, money, effort to the International organisation, so that there may be machinery to make each local success spread its influence more rapidly abroad.

But there is yet another aspect upon which we wish to dwell. If success in other lands gives aid and encouragement to us, so when we succeed, encouragement and aid are sent out to homœopathists all over the world. Therefore we should desire success not only for its immediate rewards but also for its remotest gains. But we must do more than merely desire it—we must labour for it and make sacrifices. It may plausibly be argued that if we cannot do this for ourselves, we are unlikely to do it for others. But man is in this illogical. So often to ourselves the dust of struggle may seem so far to mar the crown of

success that we forego both effort and reward. But if the prize is not for ourselves alone, there comes a new incentive to face distasteful labours. Herein is one great value of Internationalism. In so far as we are all bound together for good or ill, so far we are bound to efforts from which for a merely personal reward we might shrink. Whoever learns to understand Homœopathy better, strives to express its truth more persuasively and clearly, gives of his best for its sake, that man or woman is working truly for Internationalism. And in realising how far even a tiny effort carries there is surely both encouragement and stimulation.

PROGNOSIS IN OPERATED CASES OF HYPERTROPHIC STENOSIS OF THE PYLORUS.—Goldbloom and Spence after studying the results of 163 Rammstedt operations conclude that the operation per se is, perhaps, the least important factor in the mortality. The condition of the baby at the time of operation is certainly the most important factor.

They sum up as follows:—

" 1. The duration of symptoms prior to operation is probably the most important single factor affecting the prognosis. When symptoms have lasted less than four weeks, the mortality is only one-third as great as when they have lasted four weeks or longer.

" 2. The mortality in artificially fed babies is more than three times that for the breast fed babies.

" 3. In infants weighing seven pounds or less, the mortality was three and one-half times as great as in those who weighed more than seven pounds.

" 4. The mortality increases in direct proportion to the amount of weight lost previous to the operation.

" 5. The mortality for breast fed infants who had vomited less than four weeks and who had lost less than 20 per cent. of their best weight is almost nil. The fatalities which occur are due to accidents usually avoidable when the operation is done by a skilful surgeon."—*American Journal Diseases of Children*, April, 1920.

NEWS AND NOTES.

ORANGE JUICE AND CONSTIPATION.

Observations made by Gerstenberger and Champion (*Amer. Jour. Diseases of Children*, Aug. 1919) in a normal infant ten months of age to ascertain the relative position as a cathartic or laxative of orange juice to an equal amount of a 10 per cent. sugar solution composed of 6.5 per cent. glucose and 3.5 per cent. sucrose show in one period no difference between the two solutions, and in the other period a relative laxative advantage of the sugar solution over the orange juice, or better, a relative constipating ability of orange juice as compared with the effect obtained with the 10 per cent. sugar solution. During the sugar solution period anywhere from 95.71 to 96.53 per cent. of the water output went by way of the kidneys, and from 4.29 to 3.47 per cent. went through the intestines, while in the case of the orange juice from 97.15 to 97.25 per cent of the fluid output went by way of the kidneys, and from 2.85 to 2.74 per cent. by way of the intestines. In other words, orange juice, relatively speaking, has been less laxative than a 10 per cent. sugar solution when given in doses of 15 cc. six times in twenty-four hours. This observation confirmed their practical experience that orange juice in the maximum amounts ordinarily used, had more of a constipating than laxative effect, and, therefore, should only be used as an antiscorbutic or as a diuretic, but not as a laxative, and especially not for children who are already constipated. These observations they claim point to the important role that diuresis may play in the production of constipation. and it may be possible that some of the cases of constipation in infants supposed to be due to an abnormally long retention of the fæces in the gut and a consequent too complete absorption of water in the large intestine are primarily due to the presence of a factor that causes an abnormal increase in the excretion of water through the kidneys.— *Archives of Pediatrics*, March, 1920.

AN EARLY DIAGNOSTIC SIGN IN BASILAR MENINGITIS.

David Gingold has noted in almost every case of tuberculous meningitis observed by him in the seven past years a symptom which he believes to be an aid to making an early diagnosis of this disease. This symptom, which he calls a "reflex strabismus," is obtained by flexing the head on the chest. Upon so doing either a bilateral or a unilateral internal strabismus develops which lasts as long as the head is kept in the flexed position. In many cases the strabismus is accompanied by a retraction of the upper eyelids, and in some cases a contraction of the pupils has been noted. In the late or paralytic stage flexion of the head fails to produce a strabismus. The author states that "reflex strabismus" may be elicited days before there is sufficient pressure to produce paralysis or other meningeal symptoms of basilar meningitis appear.—*Archives of Pediatrics*, January, 1920.

ANCIENT SURGICAL INSTRUMENTS.

Our attention has recently been directed to a pamphlet by Mr. S. Holth, of Kristiania, Norway, on "Greco-Roman and Arabic Bronze Instruments and their Medico-Surgical Use." It is a valuable supplement to Mr. J. Stewart Milne's "Surgical Instruments in Greek and Roman Times," issued at Oxford in 1907. Mr. Holth purchased a series of instruments at the sale of the collection of antiquities from Syria and Palestine, once the property of Baron Ustinoff. All the surgical instruments are of bronze, excepting the silver handle of a knife, which bears an inscription in Greek, *Θέσ με, κλεπτα*, "Put me down, thief." Lucian alludes to surgeon who put pretty gold and silver handles to instruments which they did not really know how to use. Mr. Holth figures a Roman steelyard, such as Milne described, and does not, like Milne, believe that it is an interloper, never employed by the profession; for classical doctors weighed their drugs which they purchased wholesale, being their own apothecaries.

A spoon-spatula of Arabic origin bears, it would seem, its maker's name. In only one other instance, related by Milne, is such a name found on an antique surgical instrument; and it is well-known to those who study British medical literature that makers cut trade-marks, and not their names, on their wares until the days of George III. Mr. Holth's spoon-spatula probably came from Palmyra, and was made in the days when the Arab Caliphs ruled in Syria. Once more, as in the case of the steelyard, Mr. Holth finds another contrivance similar to a like instrument in Mr. Milne's series, and does not believe that it is an interloper. It is a long needle made for the weaving of fishing-nets; the author maintains that this needle, deeply forked at each end, was used to keep suture threads carefully wound up, and so always ready for use. Mr. Holth also describes an Arabic couching-needle and a sharp spoon, the stem of which bears a scale to measure the length of fistulæ and the depth of wounds. The author believes that it is practically a millimetre scale, used by some Roman surgeon ages before the metrical system was introduced by the Constituent Assembly of France, at the beginning of the Revolution.—*Lancet*.

CLEAN MILK.

We have dealt with the question of the supply of clean milk and its consummation to the point of fatigue. The reasons for the clean supply being considered a practical necessity have long ago been amply substantiated. It is difficult to understand why there should be any delay in this matter in view of the scientific evidence long placed before us in regard to the filthiness of milk supplies in general; the refinements of bacteriology apart, it is enough to witness the dirty routine of the milking of the cow to make us insist on the universal adoption of superior methods in this direction. We have before us a well-studied and reasoned consideration of the whole question in a report published by the Research Institute in Dairying

of University College, Reading. The authors of the report, which is entitled "A Study of the Factors Concerned in the Production of Clean Milk" (Part I.), are Edith G. Knight, Kathleen Freear, and R. Stenhouse Williams. We realise the difficulties of introducing reforms into the existing methods of the dairy farm, and of convincing the farmer of the real prejudice to life and health which dirty methods of milk-production may well involve. But if, as this report shows, intelligent and interested labour, aided by special appliances and appropriate buildings, will secure a remarkably clean milk of good keeping quality, with very low bacterial content, the remedies are in our own hands. The authors point to a perfectly simple and practical procedure where the application of scientific methods and strictly technical procedure are hardly needed. Rigid cleanliness is regarded largely as their substitute, which includes the practice of the daily tub. Science has most definitely shown which road to take and common sense should do the rest.—*Lancet*.

MATERNAL SEROTHERAPY IN HEMOPHILIA.—Chalier (*Revue de Medicine*, Oct., 1919) proclaims that serum from the mother's blood is the most effectual treatment known to date for congenital hemophilia. He applied it to a youth of seventeen who from birth had been subject to hemophilia, and it was growing constantly worse. The mother's serum caused the son's blood to coagulate normally in the test tube, and he was given eleven intravenous injections of from 25 to 40 c.c. of the mother's serum in the course of eleven months. There was never any local or general reaction, and the young man's condition is now more favourable than at any time in his life. Chalier declares that this success encourages systematic infusion of maternal serum every tenth or fifteenth day, kept up for two years at least. In the present case the treatment was not as regular as he wished, owing to the distance from the home. The mother came to him to have the blood drawn, and the next day he took the serum to the patient for injection.—*Jour. Amer. Med. Asso.*, March 20th, 1920.

ORIGINAL COMMUNICATIONS.

DRUG THERAPIES—HOMŒOPATHIC,
ECLECTIC, REGULAR.

HOW TO USE THE REPERTORY.*

By OSCAR E. BOERICKE, M.D., Philadelphia, Pa.

"LABOR ET MEDITATIO"—thus resounds that apothegm of the Roman historian through the corridors of the centuries. Without unflagging industry from the humblest bit of drudgery to the most finished scientific research, coupled with mature and judicial reflection, all human strivings, toward attainment of success will prove futile, and of necessity, discouraging. And how tellingly so, in that noble domain of the amelioration and cure of mortal ills and suffering.

The worker in the mine of homœopathic symptomatology, delving for the ore that will crown his toiling with therapeutic success, must be cognizant of several personal prerequisites. Firstly, and pre-eminently, sincere and consistent faith in the validity and efficacy of the homœopathic drug pathogenesis. Secondly, unbiased recognition of the imperfect scientific equipment of the early heroic drug provers, manifestly hampered in their methods of experimentation and interpretation, by their "*termini technicæ*," yielding an unparalleled, invaluable, yet by no means, flawless, perfected symptomatology. Thirdly, indomitable courage to envisage and surmount that inevitable retinue of curative disappointments and failures, so frequent in their occurrence to a busy practitioner.

Truly, how often has the well-meaning, inexperienced homœopathic tyro had his virginal faith shattered on the shoals of an early disillusionment, ever afterward hopelessly floundering about, in the lethal pools of a crass therapeutic nihilism, or mayhap, covertly steering his craft into the alluring but subtle deep of indiscriminate drug palliation, empiricism,

* Read before the Homœopathic Medical Society of Philadelphia County, from the Hahnemann Monthly (with grateful acknowledgments.—H.W.).

ephemeral therapeutic fads or much-vaunted ultra scientific methods?

Reflections such as these must inevitably temper any unreasonable faith in the infallibility of our therapeutic specialty, at the same time encourage worthy endeavour to utilise the rich harvesting of the early toilers in the therapeutic field, carefully, yet honestly, winnowing the golden grain from the chaff, and by modern pharmacological investigations, supplement our knowledge of pure drug pathogeneses.

To render practically available the vast collection of drug pathogeneses, and place it within the ready access of the busy practitioner, Hahnemann ipse, ever on the alert for labour-saving devices, rearranged the symptomatology according to the natural anatomical order, and to this day, from its practical utility it has been almost universally adopted by most authors on materia medica, slightly modified by the personal bent of the collator. In this regional or Hahnemannian scheme, original provings were dissected and dismembered, thereby destroying the genesis and sequence of symptoms, but infinitely facilitating easy study and reference.

Subsequently, another aid found necessary to facilitate the selection of the indicated remedy, led to the inception of the repertory or index of symptoms. It has, ever since its introduction, been found a most useful and essential appendage to the homœopathic materia medica, by means of which we can readily discover almost any recorded symptom of any proven or even clinically attested drug.

Thence, a legion of therapeutic and clinical indexes, keys, guides, from the most unpretentious vade mecums, well intentioned, but at times misleading, to those scholarly tomes, fitting tributes to the matchless skill and patience of Jahr, Boenninghausen, Allen, Clark, Kent.

Only the ever-bustling practitioner, fretted by the ceaseless stress and strain of his wide range of daily duties, can fully realise the urgent need of some such guide, in his perforce hasty search of a curative

remedy. Who has not been baffled, yes, humiliated, at most inopportune times, by the vixenish trickery of a temporary amnesia as to a remedy possessing this or that unique symptom or complex, or, after having prescribed and departed from the sick room, as an afterthought on the stairs—"esprit de l'escalier," wishes fervently he had done otherwise, and earnestly hopes that all will be well?

The secret of successful use of the repertory is to become thoroughly acquainted with any of the dependable ones, and by persistent and constant reference to it, familiarising oneself with its peculiar and involved arrangement. Naturally, the broader the general symptom knowledge, the easier of access and the more profitable the returns from such use. The repertory may be compared to a radiograph, which reveals outlines, shadows and relations, the accurate interpretation of which depends on the astute perception, specialised knowledge and critical skill of the reader.

Permit me to remark that it is not within the province of this paper to impart to you any information as to "how to study" the repertory, which in its very essence is a detailed task, evolved by the personal training, experience and dexterity of each user of the work, and cannot be taught, but must be mastered by a life's apprenticeship. No more than a system of musical correspondence can teach skilled instrumental technique. Rather, simply some suggestions, "How to approach" the use of a pocket repertory, so that in a given case of disease, what symptomatic facts shall we gather homœopathically, from the diverse morbid assemblage, to totalise our case for condensing and refining through the medium of the repertory.

Complicated, obscurely involved chronic cases should not be essayed a solution by reference to a fragmentary work, such as a condensed pocket repertory, must necessarily prove to be. They demand deep study and analysis. But in that vast array of acute cases daily treated by the physician, where the selection of a suitable simile may produce

at least temporary beneficial results, recourse to the pocket repertory is surely more commendable than patent flirtations with extra homœopathic or alien therapeutic measures.

Repeated personal failure in early practice, based on a senseless mechanical symptom matching, just as apt to miss as hit, has fully convinced me that in our quest of a curative remedy, the sole guide, as taught by Hahnemann, must ever be, "the totality of subjective and objective findings." In view of the tremendous advance of general and special diagnostic procedures, a modern Hahnemannian totality has expanded so inordinately as to be wholly disproportionate with our present imperfect symptomatology, and, therefore, too elaborate for practical use. The complete totality is ever the basis for an ideal similimum; a perfect totality, that of a desirable simile. Let the repertorist seek to construct a totality of intrinsic worth and quality, and not one of mere numerical greatness. The ampler the reserve fund of symptom knowledge of drug and disease of the physician, the surer his discriminative power and selective acumen in constructing his totality. As Boenninghausen says, "The more the physician knows, the less he has to look for, and finally comes to use a repertory only here and there to help his memory."

Avoid incorporating those general or absolute symptoms readily noted in all patients suffering from the same disease which though of indisputable diagnostic value (being the pathognomonic symptoms of the disease), yet are practically negligible for prescriptive purposes. This group includes such symptoms as malaise, anorexia, headache, backache, sore throat, fever, rash. But such symptoms may become enriched by some modifying condition (modality) or concomitant, and so attain the dignity of useful or characteristic symptoms. Thus sore throat <warm or hot drinks, lachesis; phyt. Ameliorated by same, Lycopodium, alumina, arsenic. Backache, >voiding red sandy urine. Lycopodium; ameliorated by continued motion or lying on some-

thing hard. *Rhus tox.* Headache, >copious, clear urine. *Gels.*, *ign.*, *phos.*, acid; ameliorated by eating, *anac.*, *lith. carb.* *psor.* Headache, >pressure and wrapping up warmly, *mag. mur.*, *silica*, *stront. carb.* Headache, with nausea, vertigo, least motion, even on first opening eyes in morning, *bry.* Cough, >covering head with bedcovers, *hepar.*, *rhus. tox.*, *rumex.* Backache, with tenesmus, >dysenteric stools, *nux. vom.*; unrelieved, *merc.*

If in health, dominant mental and moral traits stamp the impress of what Goethe terms, "The most precious made of mortals—personality," why should their presence in disease not exercise a similar sway? In truth, they do, and ever since Hahnemann intoned their primacy, "gemuths symptome" have preponderated over such as are merely objective and physical. Often a scarcely discernible dispositional change foreshadows the oncoming disease, even preceding organic change, and likewise a mental improvement may be the harbinger or earliest evidence of a curative remedy. Who has not frequently been in a remedial quandary, not even a hazy simile tangible, when, lo, some cardinal clinching mental phase looms big and unique, and like sun-dispersed mist clarifies the path to an individualising remedy?

Who, in extremis, has not grappled to his aid such sheet anchors as—the anxietas, distressed, restlessness of *acon.*; *actea rac.*; *ars.*; *bism.*; *ign.*; *lach.*; *phos.*; *rhus. tox.*; *ver. alb.*? The apathetic stolid, indifference of *actea. rac.*; *apis.*; *bapt.*; *cinch.*; *gels.*; *helleb.*; *ign.*; *phos. ac.*; *picr. sep.*; *staph.*

The furors, delirious ravings of *bell.*; *canth.*; *cic.*; *hyos.*; *solan.*; *nig.*; *stram.*; *ver. alb.* The hysterical instability and hyperesthesia of *ambra.*; *actea rac.*; *asaf.*; *cocc.*; *ign.*; *mosch.*; *nux mosch.*; *plat.*; *sumbul.*; *val.* The irascible, captious, disgruntlement of *ant. crud.*; *bry.*; *cham.*; *cina.*; *colch.*; *col.*; *nit. ac.*; *nux vom.*; *sep.*; *staph.* The lachrymose, melancholic, full of blues of *actea rac.*; *cycl. dig.*; *graph.*; *ign.*; *nat. mur.*; *plat.*; *puls. sep.*; *stam.* The suspicious mistrustfulness of *anac.*; *actea. rac.*; *hyos.*; *lach.*; *nux. vom.*; *staph.*

Valuable, indeed, are those prominent, peculiar and uncommon symptoms that reflect the patient's uniquely, individual impress upon the disease, and so attain the distinctive status of characteristics. Thus pre and postnatal tendencies exercise a formative influence, and their deliberate study opens a path of immense future possibilities for eradivative homœopathy.

Cases may present themselves devoid of any characteristic symptoms, and these prove a veritable *bête noir* to the most adept repertorist. For example in children or the aged, where they are often absent, we may be justified in utilising a pathological similarity, *e.g.*, the broncho pneumonia of ant. tart., or ferrum phos.; asthma of grindelia or ipecac; catalepsy of cannabis. ind.; tinnitus of cinchona; colic of colocynth or plumbum; gastro-enteritis of arsenic; epileptiform convulsions of hydrocyanic acid, etc. Upon this basis we can build from the patient's peculiar or unique symptoms a serviceable group.

Whereas, in chronic disease, the earliest or first symptoms are of prime value; in acute disease, per contra, the late symptoms being the most recent exhibition of the disease's activity are to be specially noted. These may open a vista of a second or succeeding remedy, which may continue or supplement the curative range of its predecessor. This brings into play complementary drug relations. Thus, aconite is followed by sulphur; bry. by alumina; bell. by calc. carb.; cham.; hep.; silica.; puls. by sil.; apis. by nat. mur.; arnica by nat. sul.

In acute diseases the physician ultimately acquires the initiative use of his eyes, ears and touch, and learns to seize certain salient or definite conditions quickly, that are known to correspond to certain remedies, and thereby eliminates much of the customary routine examination and investigation. This is notably so in epidemics, where direct, rapid and usually successful prescribing is the rule of action. During the prevalence of epidemic diseases, *e.g.*, vernal and autumnal colds, influenza, exanthemata

diarrhœas and pertussis, it is often the case that several remedies cover the field—the “genius epidemicus.” It is almost needless to enter into the detailed symptomatology, since epidemic remedies, when found (from the study of a series of cases) correspond to the collective totality or complete and composite picture of numerous cases and types of the epidemic disease; each individual case, presenting only one phase and aspect, in brief, a partial picture of the genuine epidemic. Thus the ravaging epidemic influenza of 1918-1919, encountered most valiant antagonists in a cohort of remedies, such as, aconite, ant. t.; ars.; bell.; bry.; crotalus.; eup. perf.; gels.; lach.; phos.; etc.; and again, proved statistically by an unprecedentedly low mortality the vital superiority of homœopathic therapy.

As to the quality of the symptoms, be it said, that in their bald nudity, they count for naught, but when properly perfected, they stand forth as organic entities.

Perfect symptoms are composite in nature. Boenninghausen says: Triad, comprising (1) location, *i.e.*, elective affinity, or specific seat of action. Bell.; hysoc.; stramon.; the brain. *Actea rac.*; *secale*; *viburnum opulus*, the uterus. *Baptisia*, the Peyer's patches, intestinal glands. *Asclepias tub.*; *bry.*; the serous membranes. *Kali bich.*; phosphorus, the periosteum, tellurium, the tympanum. Arsenic, the skin, and mucous membranes. *Rhus tox.*, the skin and fibrous tissues. Aloe, the liver, the portal and pelvic viscera. (2) Sensation or specific type of action. Burning of *anthracinum*, *arsenicum*, *cantharis*, *capsicum*, phosphorus, *sang.*; sulphur. Coldness of camphor, *carbo veg.*, *helod.*; *menyanthes*, *tabacum*, *veratrum album*. Numbness of *acon.*; *agar.*; *cham.*; *cocc.*; *phos.*; *platinum*, *rhus tox.* Stitching pains of *asclepias t.*; *bryonia*, *kali carb.*, *ranunculus bulb.*, *scilla*. Stinging pains of *apis*, *theridion*. Aching, bruised pains, soreness of *arn.*; *baptisia*, *bellis*, *eupatorium perf.*; *gelsem.*; *hamam.* *phytolacca*, *pyr.*; *rhus t.* Thirstlessness of *apis*, *gels.*; *nux moschata*, *pulsatilla*, *sabadilla*. All gone

feeling of abies can.; dig.; hydrastis, ignatia, lobelia infl.; sepia, sulphur, tabac. (3) Modality or aggravations or ameliorations, which comprise the phenomena of time of day. Worse early morning, aloë, ammon, carb.; kali c.; nux v.; podo.; rumex, sulphur. Weather, worse wet exposure, calc. c.; dulc.; merc.; natrum s.; ranunc. b.; rhus tox.; tub. Side of body, worse left, ceanothus, lachesis, lil. tigr.; merc. iod. rub.; spigelia. Posture of body, worse lying on affected side, hep.; iod.; kali c.; nux m.; phos. Mental exertion, worse, anacard.; arg. n.; cocc.; gels.; natrum c.; nux vomica; phos.; picric acid; sil. Rest, relief from, bry.; colch.; nux v.; phytolacca, ranum b. Motion, relief from, capsic.; cycl.; fer. met.; helon.; pulsatilla, rhus tox.; sep. Eating, relief from, anac.; chel.; ign.; iod.; lith. carb.; petrol.; psor.

At times, the aggravation may be an etiological factor, and prove useful, *e.g.*, disturbances traceable to psychic depression, as grief, sorrow, worrying, aur.; gels.; hyos.; ign.; natrum m.; phos. ac.; staph. Or, headache from gastro-enteric derangement, ant. c.; bry.; carbo veg.; cinch.; nux v.; puls. Diarrhœa from chilling, acon.; arsen.; bry.; puls.

The modalities embrace all the circumstances on which the developmen and appearance of the symptoms depend, and, therefore, are the true modifiers, precisioning the symptoms, and so conferring character upon them, and to my view, worthy of the highest rank.

Attending conditions, termed concomitants, offer a rich source of symptom building and help to perfect them perceptibly.

Perfect symptoms, though comparatively rare and broadly scattered, should always be diligently sought; for, remember, a few genuine compactly built symptoms, intrinsically outweigh a dozen vague, loose-jointed.

As an illustration of a perfect symptom we quote from Hahnemann's proving of Nux. Vom.: "Earache

beginning some hours before dinner < after eating, then violent shooting pains in left temple, with nausea and very acid vomiting; all of which symptoms disappeared on lying down."

Of certain pains of *pulsatilla* he says: "They are short-lasting, drawing tension, which always terminates in a darting analogous to tearing, somewhat as if a nerve were put upon the stretch and then let loose again suddenly, causing a painful jerk. Or feeling as of an internal ulcer."

When the available symptoms of the case have been collected and appropriately constructed, they are arranged separately in the order of their relative value, and studied both independently and inter-dependently and the process of individualisation of the case instituted. Hahnemann says: "individualisation in the investigation of a case of disease demands on the part of the physician, principally unbiased judgement and sound sense, attentive observation and fidelity in noting down the image of the disease." His first rule is, the characteristics of the patient must be similar to the characteristics of the drug.

The tracing or reference of the symptoms to their sources, *i.e.*, rubrics, headings, sub-headings under the various regional sections, cumulates a series of remedies, which are subject to the final process of "winnowing," embracing comparison, differentiation, elimination; ultimately leading to the selection of the indicated remedy, or more frequently, several more or less similar remedies (*similes*). The practicableness of our law of cure is happily demonstrated in the clinical fact that several *similes* (more or less corresponding remedies) may act in a curative plane, though less prompt, direct and radical than the much-coveted *simillimum*. Were it otherwise, and a single remedial solution or *simillimum*, requisite in each case of disease, I apprehend that we of lesser selective powers would encounter as perplexing a problem as the modern seekers of a Simian Elixir of rejuvenescence.

Repeated exercise, diligent application and a vested

fund of symptomatology will eventually cultivate an adeptness in drug selection that attains well nigh the accuracy and certitude of intuition. 'Tis the insight of the master artisan who grasps the soul of things !

Yet, despite all, "errare humanum est," the physician who respects veracity cannot disavow the frequent occurrence of depressing therapeutic failures so humbling to his professional vanity and self-assurance. Some of these failures arise from valiant but fruitless efforts to combat that gloomy cortege of hopeless, incurable diseases, aptly termed, "opprobria," or reproaches of medicine (now more efficiently treated by radio, electro and glandular therapy and modern surgery) ; others again are dependent on the manifest inadequacy of our therapeutic art or bungling, bigoted, errant methods of procedure ; and some, alas, are palpable evidences of the caprices of that elusive, inherent *vivendi vis*.

PERIODIC DRUG DISORDERS.

By the late LEOPOLD SALZER, M.D.

(continued from page 287).

AFTERNOON—HEAT.

IN the afternoon, constant heat increased by the slightest motion ; it affects the head especially :
Antim tart.

In the afternoon, heat in the hands and in the head :
Berberis.

Daily, in the afternoon, fever : Chelid. cina. stram.

Every afternoon, heat followed by increased* sweat and deep sleep : Cina. lycopod.

In the afternoon, frequently repeated flushes of heat : Colchic.

Several afternoons, dry heat all over the body, as if perspiration would break out : Natr. sulph.

Afternoon and evening (during menstruation), heat and orgasm in the head, with heat and perspiration of the whole body : Magnes mur.

In the afternoon, fever; heat, without previous chill: Phosph.

In the afternoon the heat and many abdominal symptoms worse: Phytolac.

Every afternoon from 1 to 6, attack of heat: Sepia. Heat about the head, increased every afternoon and evening: Santoninum.

Flushes, every afternoon, headache; Natr. phosph.

Fever, beginning in the afternoon and lasting all night: Sarracen (?)

Heat of the body, every afternoon, without thirst, with cold fever: Squilla.

Febrile paroxysms, during afternoon, consisting of heat and frightful thirst, very short breath: Silic.

For the first three afternoons, the body feels warm: Angustura.

In the afternoon, heat over the whole body, without thirst, with sensation of dryness of the skin, though with some perspiration on the face: Ignat.

At 2 p.m., feverish, much heat in head and face, with heavy headache and pain in eyes, throbbing in the temples: Physostig.

After dinner, a sort of fever, alternate heat and chilliness, sweat on the head from 1 to 4 p.m., then headache which left a pain in the nape of the neck: Sepia.

(This was for two days preceded by pain in the region of the navel, mucous discharge from rectum and congestion of blood to the chest).

Fever recurred for four or five days regularly, between 2 and 3 p.m., gradually subsiding between 8 and 9: Sanguin canad.

In the afternoon the fever returned, commencing about noon, becoming quite severe at 3 p.m. The skin was not very dry but warm and hot; at 4 p.m. the fever disappeared and the pulse decreased; the skin began to be moist but there was no very profuse perspiration except on the forehead: Ferr. iod.

At 3 p.m., rather warm, feverish but not thirsty: Ferrum. (One prover records: heat with perspiration, after chills, at 3 p.m.).

Quotidian fever, commencing at 2 or 3 p.m. and

continuing into the night, burning heat accompanied by partial and transient chills, incoherent speech, great prostration and often paralysis of the limbs : Curare.

Fever, every afternoon from 3 to 6 p.m. : Nitrog. oxygen.

Every afternoon, at 4 p.m., heat in the face with nausea and heaviness in the whole body ; eating relieves : Anacard.

At 4 p.m., general dry heat, with a full, hard pulse (ears cold) : Chelid.

Between 3 and 4 p.m., heat with headache, great thirst, pulse 100, scanty and dark urine, uneasy night : Clemat.

Heat and perspiration over the whole body from 4 to 5 p.m., followed by chilliness ; during and after the heat, thirst : Stannum.

Heat of the face, every afternoon, from 5 to 9 : Sulph.

At 5 p.m., burning heat in the palms of the hands and soles of the feet, extending thence up and over all the limbs, with general restlessness, greatly increasing in the evening and after going to bed, with constant searching for a cold place in bed : Lil. tigr.

AFTERNOON.—SWEAT.

In the afternoon, profuse, sour, offensive perspiration : Fluor ac.

In the afternoon and evening, sweat of the feet most profuse : Graph.

Every afternoon, hands sweat very much : Iod.

Especially in the afternoon, inclined to sweat on the slightest exertion, with a feeling of anxiety : Berber.

PERIODIC EVENING DRUG-FEVER.

CHILL.

In the evening, attacks of chilliness, frequently accompanied by hair standing on end, blue hands and nails, chattering of teeth and shaking ; sometimes these symptoms are followed by nightly heat and by sweat in the morning : Ammon carb.

Towards evening, frequent chilliness, continuing until going to bed : Ammon. carb.

In the evening, after lying down and as often as she awakes, chilliness : Ammon. mur.

In the evening, chilliness with or without thirst, sometimes preceded by thirst : Ammon. mur.

Every evening, feverish chill, without thirst and without subsequent heat : Agar. musc.

Frequent repetitions of chills in the evening or alterations of chill and heat : Alumina.

Becomes chilly at sunset : Ignat.

Mostly in the evening, chilliness : Arn.

In the evening attack of chilliness lasting five minutes and again in the morning on waking : Ars alb.

Every evening rigors, followed by heat : Ars alb.

In the evening, coldness of the hands and feet and even about the abdomen : Ars alb.

Towards evening, fever ; chilliness with drowsiness and disagreeable sick feeling through the whole body as after a paroxysm of fever ; after midnight, profuse sweat on the thighs : Ars alb.

In the evening, coldness (arnica) of various parts of the body : Aurum.

From 7 to 10 p.m., (for eight days) fever, commencing with chilliness in the back, the first day with thirst ; no heat or sweat afterwards ; every time with violent drawing pain in the abdomen : Bovista.

In the evening, chilliness lasting the whole night : Bovista.

Hot and red cheeks, with chill all over, goose-flesh, and thirst : Bry.

After lying down, chilliness in bed : Bry.

Evening chill : Calc carb., Caust., Chelid., Cyclam, Kali iod., Kali nitr., Mangan, Magnes mur., Nitr ac., Phelland aquat., Petrol, Phosph., Puls., Sabin, Sepia.

About 6 or 7 p.m., shivering, thirst, anxiety, uneasiness, loss of senses and intolerance of noise (this was preceded the first day (?) by general heat and sweat, without thirst, of a few hours' duration) : Capsic.

In the evening when in bed, chilliness followed by sweat during sleep : Carb. an.

In the evening before going to sleep, shivering, with weariness and flushes of heat : Carb veg.

Towards evening, chilliness, hopeless despondent mood, pain in the chest and great sleepiness : Antim tart.

In the evening in bed, (for eight days in succession) wide awake, cannot fall asleep an hour ; this symptom is accompanied by frequent shiverings, especially over the whole of the left side upon which he does not lie, or by sexual desire with erection, when getting warm, which makes him yet more awake ; this repeated itself after five weeks : Antim crud.

Especially in the evening, flushing of the face and cold hands and feet : Acon.

Towards evening, burning heat in the head and face, with redness of the cheeks and outward pressing headache ; at the same time, rigor over the whole body and thirst : Acon.

Towards 6 p.m. (next day a precisely similar attack at 5 p.m.), chilliness quickly followed by severe frontal headache, extending into both the parietal regions, red eyes, itching of the eyelids internally and externally, icy coldness of the hands and of *the tip of the nose*, even at the height of the febrile reaction, while the rest of the face was red and burning hot : Cedron.

At 8 p.m., chills, cramps in limbs, palpitation, thirst for cold water : Cedron.

Feverish paroxysms, every day in some provers and every other day in others, towards 8 p.m., preceded by depressed spirit, dullness of the senses and pressive headache at noon ; cramps, then contracting and tearing pains in the upper and lower extremities with a cold sensation in the hands and feet ; mouth dry ; great thirst and desire for cold water ; chills and shivering, sometimes very strong shivering of the whole body ; palpitation of the heart and hurried respiration ; pulse weak and oppressed. These symptoms lasted for one or two hours, varied much in intensity ; they were followed by a sensation of dry heat and then by a profuse perspiration, full and quick pulse with animated red face. Cold and pale in the apyrexia ; thirst and desire for warm drinks : Cedron.

The evening paroxysm of fever returns (stronger on one day, weaker on another), during more than three successive weeks after leaving off the medicine : Cedron.

In the evening he is always chilly, without any thirst ; he longs to be near the stove : Natr. sulph.

Chill for one hour in the evening, without subsequent heat : Sarsap.

Evening fever every day, chilliness followed by heat : Lycopod. (The Lycopod evening-chilliness starts as a rule from the back).

Every evening, chilliness when in bed until midnight ; after midnight he feels warm and hot ; early in the morning sour-smelling sweat : Lycop.

At 6 p.m., chilliness starting from the back with a feeling as if water were spurted over the back, with stupefying sleep followed by uneasy sleep, tearing in the limbs, nausea, inclination to vomit, uninterrupted yawning : Lycop.

Every evening before going to sleep, chill, stitches here and there in the sides of the chest, abdomen, and in the limbs, sometimes so violent that she started, pain under the sternum at every inspiration and itching of the arms and legs with little pimples : Silic. (This group of symptoms is preceded by sweat, sometimes very profuse, in the morning, nausea, heaviness and weariness in the limbs).

Cold feet every evening : Petrol.

At 6 or 7 every evening, violent chilliness without any subsequent heat : Hep. sulph.

Especially in the evening, always with chilliness, trembling in all the limbs, the chilliness does not disappear even in a warm room : Coccul. ind.

Every evening, the child complains of coldness for half-an-hour : Graph.

Daily intermittent fever, shaking chill in the evening, followed after an hour by heat of the face and cold feet without subsequent sweat : Graph.

Several evenings, feverish, shivers in the back : Graph.

Chilliness, always on lying down in the evening, perspiration every morning : Helleb. nig.

In the evening, shaking chill, with redness of the face : Ignat.

Several evenings, great chilliness as in fever, without thirst : Kali carb.

Daily at 6 p.m., first febrile chill for an hour with thirst, then heat without thirst, with profuse, fluent coryza, followed by slight perspiration during a natural sleep ; on the subsequent morning, scraping in the throat, lead taste in the mouth, loss of appetite and agglutination of the left eye : Kali carb.

About 6 p.m. (postponing at the third and fourth day till 8 p.m.), chill followed by or alternating with heat : Antim tart.

Every evening on going to bed, creeping chills (Mag carb., Apis.), down the back : Lil. tigr.

About 5 to 6 p.m., vomiting with retching, excessive nausea ; great anguish in the pit of the stomach and external heat (Plumb.) mingled with shivering, followed by sweat with chilliness : Digital.

Two evenings in succession, chilliness with thirst : Natr mur.

In the evening after lying down, violent chill and sleep for an hour, followed by heat, with headache, roaring in the ears and nausea : Nux. vom.

Towards 6 p.m., chilliness with inter-current attacks of heat : Nux vom.

Every evening, chill accompanied by an attack of acid vomiting and purging for six hours, with spasmodic pain in the region of the navel : Ol. jec. asel.

SULPHUR.

THIS remedy is as important to the homœopath as a key is for opening a door. We can't do without it. Its uses are so many that one is at a loss to know where to begin in naming the merits of this drug. It used to be said, "If you don't know what to give, give nux vomica." It might better be sulphur,—just a dose or two and follow with *placebo*. When the indicated remedy is selected conscientiously and no results are seen, a few doses of sulphur given at stated intervals, act as a catalyzer and the case responds well. It is deep acting and a long acting

drug. High potencies should not be close together. Sulphur is a drug *par excellence* for Negroes and works well with any other drug, but especially with pulsatilla, with this race.

You can pick out a sulphur patient nine cases out of ten. He is a fault finder, grumbling all the while; nothing pleases him, is irritable, and doesn't care to talk. He is first cousin of the nux vomica patient. Sulphur remedy shines in skin cases. It makes little difference what the name is; there is burning, itching, and the more he scratches the more he wants to scratch, for "it makes it feel good." This itching is made worse from warmth, perspiration and water. Itching continues long after the bath.

Sulphur, for diarrhœa, is called for when the patient has an early morning call, driving him out of bed; associated with that is a feeling of goneness in the stomach, worse at about eleven in the morning. This condition of diarrhœa and sense of goneness have been verified over and over. In constipation, sulphur works well with nux vomica and Pierce says, sulphur is especially indicated when the patient has been a constant user of water enemas. Associated with the sulphur, constipation is an anus very sore and burning and red, complicated with hemorrhoids.

Sulphur is a valuable remedy in menstrual disorders, especially when the flow is too late or has been suppressed. Probably pulsatilla is your remedy and if it is, a few intercurrent doses of sulphur will give excellent results. Phosphorus is a wonderful remedy with beginning stage of tuberculosis. Sulphur will work wonders in loosening the cough and promoting resolution of hepatization. When folks put their feet out from under the covers or against the wall to cool them off, think of sulphur. When patients have been well filled with quinine and you are unable to see the indicated remedy, give sulphur and let the case report later for the curative remedy.

These and many more could be discussed and found equally valuable but whatever is used, the great law of Hahnemann still stands. Prove all things and hold fast that which is good.—*Stouffer*.

BRITISH HOMŒOPATHIC CONGRESS, 1920.

President: Harold Wynne Thomas, M.R.C.S., L.R.C.P. *Vice-Presidents*: C. E. Wheeler, M.D., B.Sc.; Frank Herbert Shaw, M.R.C.S. *Hon. Secretary and Hon. Treasurer*: George Burford, M.B. *Hon. Local Secretary*: Josiah Cecil Powell, M.R.C.S., L.R.C.P.

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35, Queen Anne Street,
Cavendish Square, W.1.

August, 1920.

Dear Colleague,

The Annual Congress will be held this year in London, at the Connaught Rooms, Great Queen Street, W.C., on September 9th and 10th.

The Presidential Address will be delivered on Friday, September 10th, at 10 o'clock a.m., punctually, by Harold Wynne Thomas, M.R.C.S., L.R.C.P., Senior Medical Officer to the Phillips Hospital, Bromley.

The subject of the Presidential address will be "Homœopathic Hospitals in Great Britain—The Necessity for their Maintenance and Extension."

The Council, having approved the Minutes of the last Congress, recommend them for confirmation by the Congress.

After a brief interval, the Congress will resume its Session. It is expected that the next Paper will be read by Dr. John Preston Sutherland, President of the International Homœopathic Council, and Dean of the School of Medicine in the University of Boston, U.S.A. The subject of Dr. Sutherland's Paper is "Ideas in Homœopathy."

(The Council desire to state that Dr. Sutherland trusts and expects to be present to read his Paper, but that the difficulties incident to oceanic passage on specified dates may conceivably intervene to hasten his departure from this country).

The Morning Session will thus be devoted to matters of wide importance in connection with Homœopathy. The meeting will be an open meeting, and ladies and gentlemen interested in the subjects dealt with are most cordially invited to attend and take part in the ensuing discussion.

The Congress will adjourn at one o'clock for luncheon to the Crown Room, and the Homœopathic Physicians of London and Greater London have intimated their desire to be the Hosts of the Members of Congress on this occasion.

Immediately on the conclusion of Luncheon the Congress will take up official business, consisting mainly in the election of the officiate, and in arrangements for the meeting of Congress in the ensuing year.

AFTERNOON MEETINGS.

The subject chosen for the presentation of Papers and debate thereupon is :—" Rheumatoid Arthritis."

The first Paper will be read by Percy Hall-Smith, M.A., M.D. (Camb.), entitled :—" A Study of Rheumatoid Arthritis, with special reference to recent work on its Pathology."

The second Paper will be read by T. Miller Neatby M.A. (Lond.), M.A. and M.D. (Camb.), entitled :—" Rheumatoid Arthritis of Rheumatic origin : some observations and a moral."

Discussion will then be invited by the President on the subject-matter of the foregoing papers. The debate will be opened by Dr. Goldsbrough.

On the conclusion of the discussion, a demonstration of new apparatus for the diagnosis of circulatory defects will be given by Dr. William Cash Reed, of Liverpool. The Instruments will be exhibited by Messrs. Hawksley, of London.

The Congress will close its Session at 5 o'clock, and will adjourn for tea to the Board Room of the London Homœopathic Hospital, at the kind invitation of the Board of Management.

Thereafter Dr. Bach, the Pathologist and Bacteriologist to the Hospital, will give a Laboratory-Demonstration in the Laboratory and Lecture Room of the Hospital, on :—"Further New and Useful Developments in Bacteriological and Pathological Work."

At 7.30 for 8 o'clock p.m., the Members of Congress, with their friends—ladies as well as gentlemen—will dine in the Crown Room at the Connaught Rooms.

Members of Congress are requested to register their names in the Secretary's Office in the Edinburgh Room immediately on arrival.

The subscription to the Congress is one guinea, including dinner (but exclusive of wine). A Dinner Ticket alone, for guests only, is ten shillings and sixpence. Members of Congress will kindly understand that those who are present at part of the proceedings only are liable for the full subscription.

Subscriptions may be transmitted to the Treasurer at any time prior to the meeting of Congress, or may be paid at the time to the Clerk.

Should you know of any colleague who has not received this circular, I shall be very glad if you will apprise me.

The enclosed post card should be filled up and returned to me as early as possible, so as to allow of suitable arrangements being made. Any member of Congress who desires to arrange for hotel accommodation will please communicate with the Hon. Local Secretary, Dr. J. C. Powell, at 22, Welbeck Street, Cavendish Square, London, W.1.

I am,

Yours very faithfully,

GEORGE BURFORD,

Hon. Secretary and Treasurer.

PROGRAMME OF MEETINGS AND PROCEDURE.

THURSDAY, SEPTEMBER 9TH.

GOLF COMPETITION.—It is intended to hold a Medal Round on the Sundridge Park Course, on Thursday afternoon. Those intending to enter should send their names to Dr. Wynne Thomas, Bromley, Kent, not later than September 1st.

7 O'CLOCK.—Dining hour available for private hospitality.

8.30 O'CLOCK.—Reception by the President and Mrs. Wynne Thomas, at the Connaught Rooms, Kingsway, W.C. Carriages for 10.30 o'clock.

FRIDAY, SEPTEMBER 10TH.

10 O'CLOCK.—The Presidential Address.

11 O'CLOCK.—Paper by Dr. John Preston Sutherland. Discussion in open Session.

1 O'CLOCK.—Adjournment to Luncheon.

2 O'CLOCK.—Business Meeting.

2.30 O'CLOCK.—Resumption of Congress Session. Papers by Dr. Hall-Smith, and Dr. Miller Neatby.

4.30 O'CLOCK.—Demonstration by Dr. Cash Reed.

5 O'CLOCK.—Tea at the London Homœopathic Hospital.

5.30 O'CLOCK.—Laboratory Demonstration by Dr. Bach.

7 FOR 7.30 O'CLOCK.—Dinner at the Connaught Rooms.

NOTIFICATION.

. Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements

DR. EDWARD HUGHES.

DR. EDWARD HUGHES, formerly of New Zealand, has taken over the practice of the late Dr. Tindall, at Exeter. Address:—
14, *Dix's Field, Exeter.*

BRITISH HOMŒOPATHIC ASSOCIATION
(INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH JULY TO 15TH AUGUST,
1920.

GENERAL FUND.

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The date of the next meeting of the Executive Committee is Wednesday, 15th September, at 4.30 p.m., at Chalmers House.

EXTRACTS.

A SUBJECTIVE PROVING OF SKATOL.*

By WILLIAM B. GRIGGS, M.D.,
Philadelphia.

Director of Constantine Hering Laboratory, Hahnemann Medical College, Philadelphia.

SKATOL represents the ultimate end of proteid decomposition and is a constituent of human fæces. Its relation to Indol in the various phases of auto-intoxication prompted the Hering Laboratory to make a proving of this substance and prove its value in certain cases of auto-intoxication, from a homœopathic view-point.

* From the Hahn Monthly, with fullest acknowledgment.

Merks' Skatol was used in the 6th potency.

The proving was conducted along modern scientific methods; students were used, kept under constant observation with accurate physical and laboratory examinations. Length of proving was six weeks; length of time before symptoms appeared was two weeks. The symptoms given have been carefully analysed and given wherever possible in the prover's own language.

The following symptoms were produced in nearly all provers and many have been confirmed clinically by my intimate co-workers.

The stomach and abdominal symptoms were the first to appear. After the stomach and abdominal symptoms had begun to appear and develop, a frontal headache began over both eyes, about 2 p.m. Somewhat worse over the left eye, and as it extended backward it markedly increased in severity and also became very much more acute towards evening. This was not affected by noise, light moving about or eating, but was entirely cleared up by a *short sleep*, "when it was possible to drop off."

Later this headache came on regularly every afternoon, and was *only relieved* by *sleep*. Sluggishness, with absolutely no ambition. Along with this came a lack of concentration and impossibility to study; this increasing more and more as the proving progressed. A marked and overwhelming consciousness of despondency evidenced itself even from the first. This feeling was not of apprehension, but rather of hopelessness.

Desire to be with people. Simultaneously with the despondency an irritability manifested itself; very easily peeved; felt mean towards everyone.

Violent desire to curse and swear, was developed during the third week in all provings, and several ceased taking the drug at this stage of the proving. Easily tired with slight exertion (was absolutely fatigued one noon time by walking four more squares than the usual distance home). This tired feeling relieved somewhat in the day time by sleep. Sleep at night did not rest; increased desire for sleep; would

awake in the morning after a good night's sleep unrefreshed ; at the last of the proving even a much longer period did not rest. Arose in the morning with a " half-doped " feeling. This was entirely contrary when normal before proving.

A sleepiness after lunch meal altogether cleared up during the proving (frequently confirmed).

MOUTH.—Toward the last of the proving a coated tongue developed in all provers, yellow in colour. Salty taste to all cereals in the morning for two weeks. Awakens with foul taste in mouth.

STOMACH.—One of the first symptoms of the drug was the removal of a bad taste in the mouth in the morning in two provers who had this condition for nearly two years before beginning the proving. In several of the other provers this symptom was developed as a foul taste in the morning after awakening ; very disgusting to provers.

A great deal of belching, with effort, and with a taste of food previously eaten, this occurring soon after meals; at the last of the provings before meals also, with a tendency to be worse after lunch at noon time. Much increased appetite, not satisfied by even a full feeling.

ABDOMEN AND STOOL.—Passing of gas forcibly mostly after meals. Whereas normally stools were dark in colour, with regular movements daily ; during the proving the stools were of light yellow colour, tight, narrow, disintegrated into many parts, with obstinant constipation at times, but at other times loose and watery, with no desire more than once a day at the most. The light yellow, narrow stools had a particularly strong, intensified fæcal odour, which became almost unbearable to the prover, and was a persistent symptom after the third week of the proving and has been confirmed.

URINARY.—At the beginning of the proving a burning in the glans after urination. This lasted from three to four days in succession, but disappeared at the end of that time. During the entire proving a difficulty in voiding urine, with frequent desire and little result.

The urination was frequent and scanty.

Urates were increased.

Urea diminished for at least two weeks.

No other pathological feature was shown in the urinary examinations.

SKIN.—Comedones, or blackheads, and small papules, clinically a type of acne, which had persisted for years, gradually cleared up in two provers.

There were no particular blood changes noticed. At the end of the proving two students presented a mild leucocytosis, ranging from twelve to fourteen thousand.

The odour of the mouth and stool exhalations are similar to Baptisia, Sulphur poisons.

Skatol proved highly curative in a case of intestinal dyspepsia in a child ten years old, at Children's Homœopathic Hospital. The child was very much emaciated, developed an afternoon temperature of 100 degrees, F., accompanied by excessive drowsiness, foul eructations; also eructations tasting of food eaten; constipated, light-coloured, very foul stools; scarcity of urine; bloating of abdomen; generally irritable. After the failure of several remedies Skatol was tried in the 8x, with a prompt removal of all symptoms in about one week.

I wish to commend Mr. Geo. D. Geckler, one of the provers, for his perseverance of six weeks' proving. His only reward was having his acne and comedones completely cured.

I believe this remedy, Skatol, may help the acne of young folks, who suffer with some degree of auto-intoxication dependent upon intestinal decomposition.

The proving is an effort to develop the practical efficiency of our materia medica, and the profession is asked to put it to the clinical test in suitable cases.

DRUGS AND THEIR ACTIVE PRINCIPLES.*

(*With fullest acknowledgment to "The Lancet."*)

WHEN we consider the many drugs in present use that owe their properties to unknown constituents, we must admit that an almost eternal task lies ahead. Senna tea has been the standby of a thousand years

of grandmothers ; squill and hemp were used as medicines 1,500 years ago ; gentian was commonly employed in the middle ages—and yet to-day we do not know what gives their virtues to any of these drugs. To go back to even more remote times, there is rhubarb, whose qualities were known 5,000 years ago, and yet our knowledge of its active principles is very incomplete. Not long ago there was a sanguine school which believed we were on the threshold of an era in which old methods would be discarded, and that instead of using preparations of raw drugs we should isolate and prescribe the principles which give these drugs their properties. We are almost as far away from this as ever. It is true that research workers have discovered most of the secrets of a considerable list of important drugs, including belladonna, cinchona, ipecachuanha, opium, aconite, and a number of others ; but although atrophine, quinine, emetine, morphine, and aconitine are readily available in a pure state, the tinctures and other preparations of the new drugs from which these active principles have been isolated are still in daily use. And rightly so.

These reflections result from a perusal of the informative and suggestive address on Progress in Science and Pharmacy, delivered by Mr. C. A. Hill, the President of the British Pharmaceutical Conference held at Liverpool this week. That tincture of nux vomica continues to be prescribed instead of strychnine is not merely because of habit and tradition. but because of the difference between the action of the tincture and the pure alkaloid. This difference, says Mr. Hill, is mainly to be attributed to the effect of the extractive matter in retarding the rate of absorption and in retaining the alkaloid media which would precipitate pure strychnine. Let us take opium and its alkaloids ; it is common knowledge that the replacement of the crude drug by morphine and codeine is far from complete ; the reason in this instance is that opium contains more than twenty different alkaloids possessing varied physiological properties, in addition to several organic acids and other matter. The presence of these substances in opium preparations serves to

delay and sustain their action, and since sustained action is often what is required in a narcotic drug, it is clear why galenical preparations of opium retain their vogue. Obviously, there are cases where the more rapid action of strychnine or morphine render these alkaloids more suitable than preparations of nuxvomica and opium, but there is an abundance of evidence in favour of retaining both classes of medicament. Until quite recently there seemed little doubt that preparations of cinchona bark had been almost superseded by quinine, but the work of Major H. W. Acton, to certain results of which much importance is attached, indicates that while quinine is useful in the treatment of malignant tertian malaria, it is of small value in eradicating benign malaria; on the other hand, the total alkaloid of cinchona is found by Major Acton to be effective for the latter purpose. These few examples serve to show that when we have isolated the active principles of drugs our work is not completed. However much we may wrest from her, Nature still holds back some secrets. It may be the presence of other active principles and of apparently inert matter that causes the difference in action, or there may be yet undiscovered and more mysterious causes; for, in Mr. Hill's phrase, as our knowledge of such bodies as vitamins, enzymes, and hormones advances, so our respect for the natural sources of such bodies increases.

All this suggests possibilities of danger in over refinement. Search how we may, some drugs have constituents, minute in quantity but of the highest degree of importance, which we have not yet been able to discover. We can only go on working with the prospect that when our work is done we shall find that Nature is still the superior artificer. In the course of his argument the President of the Conference used as an analogy, and we think very aptly, the causation of beri-beri; as is now well known, this disease is caused by the refinements of rice-milling, brought about by the introduction of machinery. The absence of something—belonging to a class now widely known as vitamins—in the rice, removed in the process of steam

polishing, was the cause of the trouble. Scurvy, which used to be the scourge of the navy, yields readily to a diet of potatoes, cabbages, and most fresh fruits ; sailors in the old days died of scurvy because they were deprived of the vitamines contained in this diet. We think it permissible to apply both these analogies to the case of drugs. Refine by all means, but let us remember that there may be more danger in our process than in no refinement at all. It is not because we are slaves of habit that galenical preparations of whole drugs are still in some cases preferred to the active principles, but rather because clinical experience, now endorsed by the laboratory, has demonstrated that the crude drugs may have advantages over the refined one. Herein is clinical wisdom justified of her children.

CORRESPONDENCE.

E PUR SI MUOVE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR,—No prolonged study of the lucubrations of "Our Medical Correspondent" in the London Daily Press, is needed to convince the student of medicine or ethics that they are hardly founts from which he may draw either light or leading. Yet even Homer sometimes nods, as good authority tells us ; so presumably it is lawful for the anonymous Olympian who has charge of the medical conscience of the *Times* to take a nap. In that journal's issue of 24th July, 1920, is half a column of print which might well break the rest of the Sage who sleeps in Père-la-Chaise. It tells us that Sir James Mackenzie, who apparently is the authorised one and only prophet of the orthodox medicine of the future, has declared :

"We spend vast sums on drugs, yet there is no accurate knowledge as to the effect of a great many remedies. . . . Special investigators should study in actual practice these drugs most in vogue and make

known their findings regarding action and uses. Thus a new era in medical treatment would open."

Shades of Hahnemann!

But the voyage of discovery does not end there. The medical Pope of the *Times* lends his imprimatur to the thesis that it is better for a doctor to direct his attack against his patient's ailments than to christen their maladies first and then treat the baptismal "names" so bestowed:—

"Our present classification of disease in the living is based upon the morbid anatomy of the dead. . . . Vast numbers of patients, however, have ailments which cannot be so classified. . . . their signs of disease are distressful sensations. Then comes the error: the doctor is apt to take the most prominent symptom or sensation and consider it to be the disease (for example neuralgia, dyspepsia, anæmia, palpitation, neurasthenia.) . . . The doctor should not be forced to 'give a name' to each disease, but should keep records which will enable these symptoms to be related one to another and the real underlying diseases to be found. . . ."

"Prodigious!" is the best word I can think of to welcome a discovery that is now a hundred years and some ten thousand thick folios behind the true Columbus.

Even yet the end of this amazing Odyssey is not reached. Sir James Mackenzie states that:—

" . . . from 90 to 95 per cent. of the complaints which the panel doctor sees are undiagnosable even by the most experienced physician, and the most of the small percentage that are diagnosed according to present methods would fail to convey an accurate notion of the real nature of the illness."

Being a doctor who evidently thinks outside the narrow ambit drawn for him by some hospital lecture years ago, Sir James casts about for a remedy, and finds it in—"case-taking"!

" . . . if there was a scheme by which they (general practitioners) could learn how to question a patient intelligently, how to make short but accurate notes, . . . a great impetus would be given to

the investigation of these dark fields of medicine which only the general practitioner can explore. . . .”

It is a far cry from 1843 to 1920 ; but insight no less than justice dictated the legend that graces Hahnemann's grave : “ Non inutilis vixi.”

Yours,

W H. KNIGHT.

University of London Club.

THE CASE FOR CASEIN.—The employment of “ protein milk ” in infant feeding is reported to be attended with such encouraging results as are likely to upset former theories as to the inferiority of cow's milk compared with mother's milk for the purpose. It was generally held that the excess of casein in cow's milk as compared with human milk embarrassed the child's powers of assimilation, coupled with the strong saline content of the serum or whey. In our own experience in laboratory examination, cow's milk has seldom been modified to an extent which brought the casein, to say nothing of the mineral constituents, down to the level of the natural pabulum of the child. The use of protein milk in the treatment of infantile gastro-enteritis was introduced by Finkelstein in 1910. He suggested an interesting modification of cow's milk, replacing a litre of milk by the clot of casein, produced presumably by the use of rennet, and mixing it thoroughly with half a litre of water to which is added half a litre of butter milk. A suitable addition of carbohydrate is made (3 to 5 per cent.), consisting of a mixture of maltose and dextrin (Soxhlet sugar). It is obvious that by this procedure the proportion of casein remains the same, but the mineral contents of the cow's milk are halved. The notable decrease in the salts of cow's milk, in milk prepared on these lines, diminishes the saline elements conducive to intestinal intoxication. Further, casein so presented far from causing fœtor of stools, is an excellent anti-fermentative, and proves easily absorbable in the infantile alimentary tract. It increases, it is stated, the alkalinity of the intestinal juice and prevents auto-intoxication. These observations are based on a paper appearing in the July number of the *International Journal of Public Health*, published by the League of Red Cross Societies, Geneva, by Ad. E'Espine, Professor of Pathology and Diseases of Children in the University of that city. Whilst admitting that in the treatment of the gastro-enteritis of infants protein milk is inferior to mother's milk, and not to be recommended as a diet for a healthy baby, yet the author concludes that it proves a food of the greatest service in the treatment of the dyspepsias of infancy, hastening recovery and cure. Protein milk, however, must clearly be wanting in accessory food factors unless the casein clot carries with it the fat.—*Lancet*.

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, Russell Square, W.C.1, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

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| <p>Barling and Morrison. A Manual of War Surgery. With an Introduction by Major-Gen. Sir George H. Makins. 8vo, pp. 495. n. 21s.</p> <p>Cameron (S. J.) A Manual of Gynæcology. 2nd edition, revised. Royal 8vo. n. 25s.</p> <p>Cunningham's Manual of Practical Anatomy. Vol. 1. Revised and edited by A. Robinson. 7th edition. Cr. 8vo. pp. 451.</p> <p>Davis (W. Clyde). Essentials of Operative Dentistry. 3rd edition. 8vo. n. 21s.</p> <p>Encyclopædia Medica. 2nd edition. Under the General Editorship of J. W. Ballantyne. Vol. VI.—Heat Fever to Intertrigo. Royal 8vo, pp. 666. n. 25s.</p> | <p>Findlay (Leonard). Syphilis in Childhood. Cr. 8vo, pp. 166. n. 8s. 6d.</p> <p>Jack (William R.) Wheeler's Handbook of Medicine. 6th edition. Cr. 8vo, pp. 573. n. 12s.</p> <p>Midwife's Pocket Book (The). With which is incorporated the Midwife's Pocket Encyclopædia. 7th edition. 18mo, pp. 188. n. 1s. 3d.</p> <p>Pharmaceutical Pocket Book for Practitioners and Students (The). 9th edition. 18mo, pp. 360. n. 3s. 6d.</p> <p>Pope (Amy E.) Pope's Manual of Nursing Procedure. Cr. 8vo, pp. 607. n. 10s.</p> <p>Sutton (R. L.) Diseases of the Skin. 3rd edition. Royal 8vo. n. 42s.</p> |
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JUST PUBLISHED.

AN INTRODUCTION TO THE
Principles & Practice of Homœopathy

By **CHARLES E. WHEELER. M.D., B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Burford, London—Mr Knight, Ilchester — Mr. Lee Mathews, London—Dr. McCandlish, Northampton—Dr. E. A. Neatby, London.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homœopathiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homeopathica.—Journal of A. I. H.

The Homœopathic World.

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ORIGINAL COMMUNICATIONS :

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The Missionary School of Medicine.

SOCIETY'S MEETINGS :

British Homœopathic Society.
Children's Homœopathic Dispensary.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

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THE HOMŒOPATHIC WORLD.

OCTOBER 1, 1920.

COUNCIL AND CONGRESS.

THE Annual Congress was held this year in London, following closely on the International Council meeting at the Hague. Of the latter an account will be found elsewhere in this issue, and it is enough here to record its emphatic success and the hopes it has inspired for the future. A brief account of the Congress follows, and we have the honour to print the President's address this month.

The first assembly of the Congress was at the President's reception at the Connaught Rooms on the evening of September 9th. Dr. and Mrs. Wynne Thomas received their guests at 8.30, and an admirable entertainment was provided during the evening, supplementing the opportunities for conversation and the renewal of ties of friendship between town and country colleagues. Earlier in the day there had been held at Sundridge Park a golfing competition. It was unfortunately but sparsely attended, but (very appropriately) the victory in it went to the President.

On Friday the serious business of Congress began at 10.15 with the President's address. Our readers can discover for themselves how suitable and significant an address it was. It was heard with deep interest and enthusiasm and a hearty vote of thanks passed by the assembly. Dr. J. Preston Sutherland, of Boston, U.S.A., then delivered with great fire and effectiveness an address on "The Ideals of Homœopathy." It appears in the current number of the *Review*, and will also appear later in these columns.

Suffice it to say now that it was a noble and dignified paper, well deserving the admiration which it aroused.

Luncheon followed, when the London members entertained their country colleagues. The Officers for the next year were chosen: Dr. Frank Shaw, President; Dr. Wheeler and Dr. Nankivell, Vice-Presidents; and the same Council as during this year. To the great and general regret Dr. Burford feels himself compelled to resign the posts of Secretary and Treasurer. Dr. Powell was elected Treasurer, and Dr. Wynne Thomas, Secretary. The meeting place next year will be Hastings, and the time probably in September.

In the afternoon valuable papers were read by Dr. Hall Smith and Dr. Miller Neatby, on Rheumatoid Arthritis, and a short discussion followed by Dr. Goldsbrough, Dr. Sutherland, Dr. Weir, and the President. The next event was tea at the Hospital, and a pathological demonstration of great interest by Dr. Bach.

At night the President and members and friends dined together at the Connaught Rooms. The President had provided an entertainment, with the assistance of Mr. Clifford, and the music and mirthfulness added much to the pleasure of the occasion. The central toast of success to Homœopathy was proposed by Dr. Sutherland, who once again charmed his audience. Advantage was taken of the toast of the guests to try to express our love and gratitude to this great American colleague and friend. The health of the President was proposed by Mr. Johnstone, and in the enthusiasm with which it was received, Dr. Wynne Thomas, we hope, read all the conviction which was felt that the 1920 Congress had proved a memorable and distinguished event.

NEWS AND NOTES.

DR. SHACKLETON AND DR. JONES.

We regret to have to record the deaths of two veterans of Homœopathy, Dr. Shackleton and Dr. Jones. We lose in them two constant and successful upholders of Homœopathy, and Southern London is much the poorer for lack of them. A tribute to Dr. Shackleton appears elsewhere in this issue from an old friend. Dr. Jones was a more regular attendant at Society and Congress meetings, and his cheerful optimism and sound knowledge will be much missed there. We are fortunate that we kept them long with us and derived so much value and encouragement from their work. It is for those who appreciated them to endeavour, by better work, to leave our constant memory of these men unsaddened by a sense of loss to our cause.

A POCKET BOOK.

We have received from Messrs. J. Bury, Homœopathic Chemists of Manchester, a copy of a small booklet which they issue, on the meaning of Homœopathy, and on the simpler uses of a few remedies. We are most thoroughly in sympathy with all efforts to make those who try Homœopathy understand the principles upon which it is based. To that end we think the pages on this matter might have been extended. As to the therapeutics, although we freely admit the value in a household of some knowledge of remedies like Aconite and Belladonna, etc., it is very important to make clear that fine homœopathic prescribing depends on fine case individualisation, and that therefore domestic failures are much more likely to be due to lack of expertness in handling the method, than to any fault in the principle involved in it.

PRESIDENT'S ADDRESS TO THE BRITISH
HOMŒOPATHIC CONGRESS.

September 10th, 1920. DR. H. WYNNE THOMAS.

LADIES AND GENTLEMEN,

As President of the British Homœopathic Congress allow me to extend to you all a hearty welcome.

Many of you I know have come long distances, and at great personal inconvenience, to be present here to-day, and I trust that as a result of the proceedings you will feel that the time has not been mis-spent and that you will return home feeling that you have gained some new ideas which will be helpful to you in your every-day work.

Especially do I welcome our colleagues who have come across the water, and I hope they will join in our discussions and give us the benefit of their experiences.

When you did me the great honour last year of electing me your President my first feeling was one of pride that you should have thought me worthy to occupy this chair ; but when I came to reflect on the long list of distinguished men who have filled this position in former years, I realised what a mistake you had made, for I knew that I could not address you in the same masterly manner that so many of my predecessors had done, and as the months sped by and my time fully occupied with my daily work left little or no leisure to prepare an oration such as I could have wished to present to you, fitting such an occasion. Casting around for a subject which I thought might be of special interest at the moment, and at the same time of some usefulness to our fraternity, I decided that I could not do better than address you on

“THE IMPORTANCE OF PROVINCIAL HOMŒOPATHIC HOSPITALS IN THE CONTINUANCE AND EXPANSION OF HOMŒOPATHY.”

Every day the public and profession are placing a higher value on the work done in Cottage Hospitals, and the dread and aversion which the poorer classes at one time had to going into a hospital has passed ;

they now realise the advantages which they enjoy by gaining admission to an institution where they can get skilled medical or surgical treatment and nursing ; that their chance of a speedy and complete recovery is far greater than if treated in their own homes. To belong to a cottage hospital enables the practitioner to become an accomplished and skilful surgeon and to keep himself well abreast of the new features of medical practice ; it raises his professional status and enables him to treat his patients under the most favourable conditions. This being so with the ordinary Cottage Hospital, how much more so is it with the Homœopathic practitioner who is excluded from a place on the staff of general hospitals, and unless he is connected with a Homœopathic hospital when his patients are dangerously ill they must either be looked after at their own homes or pass out of his hands and go into hospital to be treated Allopathically.

Take, for instance, a patient suffering from pneumonia. You are called in and have to decide whether you can undertake the treatment in the house, with bad hygienic surroundings and insufficient nursing, or must you transfer the case to your allopathic colleague who gets the credit of pulling the patient through, and the patient's friends are not slow to point the finger and say that when the patient is really ill they have to go to a real doctor and have real medicine. Nursing, you will all admit, plays a very important part in the treatment of pneumonia, but records and experience prove that patients treated under the same circumstances according to the lines laid down by Hahnemann do better than those treated by the ordinary methods. Therefore if a practitioner is to keep hold of his patients he must have a hospital to which he can send them, and continue to treat them. Take another case, the patient is feverish, perhaps delirious, with some indefinite pains ; you take the sufferer into hospital with orders that nothing but water be given, the temperature and pulse are accurately recorded. The nurse next day is able to give you valuable information which materially assists you in correctly diagnosing the condition the patient is suffering from ; perhaps

it turns out to be appendicitis, an early operation is performed and the patient gets well. On the other hand, the patient remains at home, the friends think his strength must be kept up, and of course a dose of salts will do him good ; you find your patient very much worse on your next visit, he must be transferred to the care of someone else ; valuable time has been lost ; the danger of removal to hospital is greatly increased and operation more serious, the chance of recovery very much diminished, and, if anything goes wrong, you get blamed. Whereas, if you had your own hospital where you can keep the patient under your own care, you have no difficulty in admitting him or her at once. You know that your nurses will strictly carry out your instructions and the patient's life is not so endangered.

A homœopathic practitioner who is unattached to a hospital is heavily handicapped, and the system which he practises is likewise discounted. His light is like the candle which only illumines a very restricted area, whereas a hospital is like the beacon that can be seen for miles round, and by its beams attracts from afar. At the present day, when things are moving at a speed never before known, unless we establish our beacons throughout the land and see to them that their lights are kept burning brightly the smaller luminants will be extinguished. It is of no avail to hide the light of Homœopathy under a bushel ; it must be raised on high, placed on the mountain top where everyone can see it and cannot help seeing it. It must penetrate like the searchlight into the remote corners of the earth.

Homœopathy owes much to its chief hospitals. These are the centre from which it is constantly gaining its youthful vigour, where the younger men learn the application of its truth, and the smaller hospitals are the outward and visible sign to the public of our existence ; and Homœopathy in this country, in the words of Dr. Burford, is "practically what our hospitals make it." Wherever such a hospital exists, there homœopathy flourishes and wherever such a hospital has once been established hardly ever has it been allowed to lapse.

Besides the London Homœopathic Hospital, which has been twice enlarged during the last quarter of a century, the number of cottage hospitals in this country is thirteen, and there are, I believe, seventy-seven dispensaries. Now across the water, in the States, there are over fifty hospitals, and many of them are subsidised or maintained by the State. In New York alone there are fifteen homœopathic hospitals containing over 3,000 beds. What better evidence can we have than this to prove that homœopathy is not exploded and dead, but very much alive and growing.

State authorities are not likely to grant subsidies amounting to many thousands of dollars annually to institutions that do not justify their existence. Let us for a few moments look back at the progress of Homœopathy during the last century or so. Hahnemann, born in 1755, by 1790 was recognised in Germany as one of the leading physicians in the country. He had made several valuable contributions to general medicine among them may be mentioned his rational and humane teaching with regard to the treatment of the insane, and his practical hints on the management of epidemics. But he was very dissatisfied with the art and practice of medicine; his experience had shown him that ordinary medicine was worse than none, and he decided to give up practice and to live by literary work alone, though it meant going back to poverty. It was then, while translating an English book by Cullen on *Materia Medica*, he was struck by the fact that the Indians of South America relieved patients suffering from ague with Cinchona bark, and he found by taking large doses himself he reproduced all the chief phenomena of a paroxysm of ague. When the attack passed off he repeated the experiment, with similar results, and he then realised that the drug which so often cured ague was capable of re-producing in his own healthy body the phenomenon of ague. This set him thinking whether the principle of "like to like" might prove a general Law of Healing. He therefore began a systematic study of the records of medicine, and he found many instances. He then began to experiment

on himself and some friends that were interested, by taking drugs and noting down the symptoms produced in health. Not until he had been at work for six years collecting records of drugs and from clinical experience which he gained did he state his theory, which he published in the leading periodical of the day, asking others to experiment in the same way. In 1805 appeared his first collection of drug symptoms, the forerunner of his *Materia Medica Pura* which appeared in 1811. It was in 1801 that he began to advocate the giving of minute doses of medicines. Though to many this practice of giving very small doses of a drug is of the essence of Homœopathy, it is strictly speaking an unessential, but by the method of potentising medicine to a very high degree of subdivision, he found that he could get better results in treating his cases. In 1810 appeared the first edition of *The Organon of Rational Medicine*, after twenty years of arduous experiment and close observation since the idea first crossed his mind. All that he could do scientifically to test his case he had done, and he became convinced that he had discovered a law in the treatment of disease, *Similia Similibus Curentur*, "Let Likes be treated by Likes." He soon attracted a number of devoted disciples, who aided him in proving medicines, and in 1812 he obtained a licence to teach in Leipzig. His success as a teacher and practitioner excited the bitter animosity of the medical faculty of Leipzig, who eventually succeeded in driving him from that city in 1821. As most of you know, he eventually settled in Paris, where he died in 1843.

In 1830 Homœopathy was first noticed in Britain by a laudatory account of Hahnemann and Homœopathy in the *Edinburgh Review* by Sir Daniel Sanford, Professor of Greek in Glasgow University.

Dr. Quin, who was the first doctor to practice Homœopathy in England, settled down in practice in London in 1827, where he practised with remarkable success until his death in 1878. He was the founder of the British Homœopathic Society in 1844, and contributed largely to the first London Homœopathic Hospital which was started in 1850. This was situated

in Golden Square, from whence it was removed to its present site in Great Ormond Street in 1859. The original hospital had only twenty-five beds, the latter one contained fifty. That building having been found inadequate to modern requirements, was pulled down and the present fine building with one hundred beds was opened in 1895, to which was added the New Wing in 1911, which increased the number of beds to its present total of 163.

Besides our London Hospital, of which we are so proud, and which is doing such noble work in demonstrating the practical advantages of our method of treating the sick, and whose records will compare favourably with any other hospital in London, there are others in the provinces, namely :

The Hahnemann Hospital in Liverpool, with 67 beds, erected by the late Sir Henry Tate.

The Devon and Cornwall Homœopathic Hospital at Plymouth, with 45 beds, which has just completed sixty years of good work.

Bristol has a hospital with 40 beds, which is found to be not nearly large enough for its requirements, and is being re-built and greatly enlarged at the present time.

Tunbridge Wells also is about to re-build, having been fortunate in receiving some handsome legacies for the purpose.

The Buchanan Hospital, St. Leonards, with 34 beds has been doing excellent work for forty years.

The Bournemouth Hospital, with 32 beds, was opened in 1879.

The Leaf Hospital, Eastbourne, containing 16 beds, issued their Thirty-second annual report last year.

The Birmingham and Midland Hospital,

The Glasgow Hospital,

The Phillips' Memorial Hospital at Bromley, and

The Southport Hospital,

are all of them centres from which Homœopathy is being spread.

Now let me give you a short history of our hospital in Bromley, which, I take it, is an example of how to start a Cottage Hospital, for wherever two or more

homœopathic doctors are residing it is to their advantage as well as to the cause to have a hospital.

The Cottage Hospital at Bromley, like every other Homœopathic Hospital, was the outcome and development of a dispensary, and I believe there are many homœopathic dispensaries dotted about the country which could easily be developed in the same way. The Bromley Dispensary began in 1866, and was started by the late Dr. Orlando Jones, and was carried on in those days at the shop of a local homœopathic chemist. The patients paid 1s. for a ticket; this entitled them to advice and a week's supply of medicine. Subscribers received similar tickets, which they gave away to those who were unable to purchase them themselves. In 1874 the late Dr. Edward Phillips succeeded Dr. Jones, and he carried on the dispensary, attending twice weekly. In 1886 the dispensary was removed to a small Institute adjoining the Congregational Chapel. The Dispensary was managed by a lay committee, and at the end of the year the surplus funds were voted as an honorarium to the doctor, and as showing how successful their dispensary was, in 1886 there were over 3,400 visits recorded, and the honorarium handed over to the doctor amounted to £80. Here was a flourishing dispensary, and a good many people besides the patients were interested in the working of it. It is not surprising that Dr. Phillips felt the need of a Cottage Hospital, into which he could send his bad cases and still continue to treat them, instead of being obliged to send them to the allopathic cottage hospital. This is evident from the fact that at his death in 1888 there had already been collected the nucleus of a fund for starting a cottage hospital of £170. My late partner, Dr. E. M. Madden, succeeded Dr. Phillips, and greatly favoured the cottage hospital scheme. He easily persuaded the Dispensary Committee to start a small hospital as a worthy and permanent memorial to Dr. Phillips, and in a short time a sum of £558 was collected, the lease of a small semi-detached house was taken, the necessary alterations made were, including a bath, hot water system, renovating drains, etc., so that in the autumn of 1889

the hospital was started with two wards, containing two beds and a cot in each. Here also was held the dispensary twice weekly. At first there was a nurse matron and one general servant, extra help being got from outside when special extra nursing was required. In November of that year I joined Dr. Madden in practice, so although I was not present at the birth of the Institute I very early came on the scene. During 1890, fifty patients passed through the wards, and nineteen operations were performed. The following year we found that the demand on our beds was greater than we could accommodate, and we took over the next house and made communicating doorways. This enabled us to increase the number of our beds, and we were also enabled to set aside a room for a private patient or special operation case. We now had seven adult beds and three cots. This year we first had the advantage of the skilful assistance of Dr. Burford in the performance of special gynæcological operations, an assistance which he has ungrudgingly given on numerous occasions since, whenever asked for.

In 1893 we began to agitate to collect a building fund wherewith firstly to buy the freehold of our existing premises and with a distant hope of one day building a modern cottage hospital. It was our original intention to erect a new hospital on the old site, but having secured the freehold we were lucky in obtaining the advice of the late Mr. William Willett who came to reside in our neighbourhood, and at once joined our Committee. He quickly made up his mind that the sum we were aiming at, namely £3,000, was not sufficient to build a hospital such as we should be satisfied with, although this was the estimate our architect had mentioned to us. Moreover he was of opinion that the site was a bad one, too cramped and too noisy. So firm was he on this point that he said he could not remain on the Committee if we went on with our scheme. For a long time we could not find a suitable position, but eventually, through his instrumentality, we secured the land on which our hospital now stands, which I consider it would be

impossible to improve upon. It looks on to the Queen's Gardens, and is within a stone's throw of the Market Square. Many members of the Committee were very much afraid that we should never get sufficient funds to build such a hospital as would satisfy Mr. Willett's idea, which worked out at £5,000 instead of £3,000. However, in the end he carried the day, and was sure that if we did the thing well and were not extravagant, people would give to a scheme that they approved of. The result is that we have a hospital in Bromley which I am proud to belong to, and which I believe is second to none in the country for its size. We are always pleased to show any visitors round, feeling sure that they will think it is a model in its way and a great achievement for Homœopathy. Of course it was uphill work collecting so large a sum, but several patients gave sums of three figures. Lady Forster, the wife of our member, laid the foundation stone; concerts, at which some of our leading artistes assisted, were held annually and became to be looked upon as the best of the season and always attracted a full house. These added materially to our fund, and when the building was completed, and people saw how their donations had been laid out, in many cases doubled their gifts, and in the end we found our scheme cost nearer £8,000 than £5,000, but the money came because we had done the right thing and the building was paid for not only by those who were Homœopaths but by many others who saw that there was a hospital that would take in the sick, and the interior of which was so cheerful and comfortable that the medicine the patients got was only an adjunct to getting well.

Now what better method can there be than such a place as we have in Bromley for attracting the attention of the public to the existence of Homœopathy? They see that it is not only an actual fact but a living and working proposition; they must ask themselves, what is this system, how does it compare with other systems? It is constantly before them as an object lesson.

Now, having erected the hospital, how is it kept

going ? Well, when the building was completed and people saw what sort of a place it was, several came forward and endowed beds in memory of some relative ; one patient built a mortuary, and small chapel in memory of her husband. A fund was raised to endow a bed to the memory of Dr. Madden ; others have not omitted to remember the hospital in drawing up their wills. We share with the other hospital in donations from local collections. Then there are two private wards where patients go instead of going into a private home, or having an operation in their own homes. This is an important source of income, and one to which I would especially draw attention. I tell patients that if it is necessary to undergo an operation, how much better their chance of a speedy recovery becomes if undertaken in a place where everything is ready at hand with aseptic surroundings, such as it is not possible to have in private. These are becoming very popular and a leading oculist sends quite a number of his patients into them and operates on them himself rather than send them elsewhere. The other medical men in the district are invited to send their private patients into these wards and look after them themselves when the wards are available, and on many occasions have done so, and had their own particular surgeon down to operate. In this way outsiders become interested in the institution and although they may not have had actual experience of homœopathic drug treatment, they at any rate gain some experience of how things are done in a homœopathic institution, and go out with the knowledge that the system is not such a delusion as many try to make it out to be, and frequently I am asked by doctors in the neighbourhood to take in a patient for them, showing that the prejudice that at one time existed is dying out. In fact, most of the men in my neighbourhood will come and give me a hand if I wish it.

During the war we had quite a number of soldiers in our hospital : from the first Ambulance train that came to Bromley we had twenty-one, who came from the retreat from Mons, with field dressings on ; some who had not had their clothing off for six weeks, and

curiously enough the officer in command of the ambulance train was our homœopathic colleague, Major Ashley Bird.

I mentioned that the London Homœopathic Hospital was opened in 1850. It was not many years before it had the chance of demonstrating to the country the advantages of homœopathic over other methods of treatment, for in 1854 a terrible outbreak of cholera started in London, and the whole of the wards of the hospital were devoted to the treatment of the epidemic. Sixty-one cases of cholera and 331 of choleraic diarrhœa were treated; of the 61 cases ten died, a percentage of 16.4; of the 331 cases of choleraic diarrhœa only one died. In the Middlesex hospital, 231 cases of cholera treated, 123 died, a fatality of 53.2 per cent.

Dr. MacLoughlin, one of the medical inspectors appointed by the Board of Health, visited the wards and examined the cases, and this is what he said to the doctor-in-charge:

"You are aware that I went to your hospital prepossessed against the homœopathic system, and that you had in your camp an enemy rather than a friend. That I claim for myself some right to be able to recognise the disease and to know something of what medical treatment ought to be, and that there may be no misapprehension about the cases I saw in your hospital I will add that all I saw were true cases of cholera in the various stages of the disease, and that I saw several cases which did well under your treatment which I have no hesitation in saying would have sunk under any other. In conclusion, that although an allopath by principle, education and practice, yet were it the will of Providence to afflict me with cholera and deprive me of the power of prescribing for myself, I would rather be in the hands of a homœopathic than an allopathic adviser."

A circular was addressed by the President of the Board of Health to the various Metropolitan hospitals requesting returns of treatment and results. This was with the object of determining by comparison for the public good what treatment experience showed to be

the best. The Homœopathic Hospital sent in their returns, but when the Report of the Board of Health was presented to Parliament no reference was made of the London Homœopathic Hospital at all. When complaint was made to the Board of Health and referred to the Medical Committee, this was the answer they received :

“ That by introducing the returns of homœopathic practitioners, they (the Committee) would not only compromise the value and utility of their averages of cure, but they would give an unjustifiable sanction to an empirical practice opposed to the maintenance of truth and to the progress of science.”

The matter, however, was not allowed to rest. Lord Ebury in the House of Commons asked for the reports rejected by the Medical Council, and these were ordered by the House to be printed.

Some years ago a generous lady, anxious that the system of Homœopathy should be put to the test side by side with ordinary treatment, offered to maintain fifty patients in any hospital on condition that they be placed under Dr. Wilson, to demonstrate the practical value of the homœopathic method, and in the event of success the lady promised to endow thirty beds in the hospital consenting to the fair offer. The offer was declined by seven hospitals in succession.

In 1883 a leading article appeared in the *Times*, lamenting the deplorable want of funds at St. George's Hospital, and calling a meeting at Grosvenor House to devise means for the carrying on of the hospital. The treasurer of the London Homœopathic Hospital, at the time the late Major Vaughan Morgan, wired to the Chairman of the meeting, offering to subscribe £1,000 a year for five years if the sum should be voted to beds set aside for the homœopathic treatment of patients. This munificent offer was not even acknowledged.

Ignorance with a desire for knowledge is easily dissipated.

Prejudice, on the other hand, is difficult to combat because in the first place it is a hard matter to obtain a hearing, and secondly, prejudice is imbibed and is

never the result of a process of reasoning ; rather it attempts to bring reason and logic to the support of a pre-conceived impression or idea, never to dissipate it.

The greatest asset of the prejudiced mind is sophistry. With this it distorts facts, assumes false premises and draws illogical conclusions.

In order, therefore, to eradicate prejudice, a sincere desire for truth must be cultivated, regardless of the consequences. Truth is the goal towards which man is always pushing, because it is final and immutable.

All sincere effort directed towards the prolongation and saving of life and relief from the things which militate against it, is a boon to mankind, and should be recognised and appreciated.

To be continued.

DILATATION OF THE COLON IN CHILDREN.—Alfred Edward Meyers. This condition shows a characteristic past history. A bowel movement without the aid of a suppository, enema or laxative is a rare occurrence. Distention with gas and abdominal protuberance are noticeable. Normal growth is interfered with, the patient is below par and the resistance to infectious diseases is lowered. The diet is usually made up largely of carbohydrates, the starchy elements predominating. Roentgenograms show a great increase in the diameter of the colon and a thickening of its walls and also a looped, twisted, redundant, dilated and hypertrophied sigmoid. The consensus of opinion seems to be that dilation of the colon is a congenital abnormality in the lower end of the hind gut, which takes the form of a muscular hyperplasia. It usually involves the rectum and spreads a varying distance up the colon. The author believes that there is still another element concerned in this condition, that of *spasm*. The similarity between megacolon and hypertrophic pyloric stenosis is brought out because there are present in both conditions hypertrophy, hypertrophy of circular muscle, dilatation, visible peristalsis, constipation, congenital malformation, gastro-intestinal retention and probably spasm. In treating dilatation of the colon, the patient is put upon a starch-free diet but including fruit juices, and is given five drops of atropin sulphate solution, each drop containing 1-1000 grain, three times daily, the dose being increased one drop daily until the child complains of dryness of the mouth. Gradually, well done toast, cooked fruit and green vegetables are added to the diet and the atropin is decreased. The constipation ceases after the spasm is relieved and normal defecation follows.—*American Journal Diseases of Children*, March, 1920.

INTERNATIONAL HOMŒOPATHIC COUNCIL.
MEETING AT THE HAGUE, AUGUST, 1920.

"National questions have now to be considered in terms of Internationalism."—(LORD GREY).

IN the spring of 1914, when the active work of the International Homœopathic Council had continued for some years without abatement, the writer visited The Hague in conference with Dr. Tuinzing, the celebrated Homœopathic physician of Rotterdam. Our object was to arrange for a statutory meeting of the Council at The Hague, and perfect the programme so as to make it worthy of a great occasion. And a great occasion it promised to be; the energy of the officiate had drawn into its wide-flung net representatives from all parts of the earth where Homœopathy was living and moving. And the forthcoming Homœopathic Parliament, amply and splendidly housed, would, it was expected, give Homœopathy a definite and considerable uplift, not only in the country of its deliberative duties, but also, and reflexly, in every part of the world represented in such a polyglot assembly.

Alas, for the mutability of human affairs! Only four days before the time assigned for this Œcumenical Council in the City of the Palace of Peace, the dogs of war were let loose, and the Council and its fair prospects were indefinitely postponed until such time as Peace appeared with her olive branch.

Some indeed of the delegates travelling from other lands were caught, *en route* through Central Europe, and were practically rounded up in Holland and Switzerland; and the experiences of these ladies and gentlemen, returning homeward by routes that were always circuitous and sometimes dangerous, were vivid in the extreme.

It was hoped and expected that 1915 would allow the re-union of the members of the Council in the city of their choice, but that year came and went, and also 1916, 1917, 1918. Each ploughed its sanguinary way, with apparently no nearer or more definite prospect

of any such International conference, now considerably overdue. At the end of the latter year the prospects of abiding Peace began to appear on the horizon. In 1919, the instability of affairs, and the difficulties of transit, made International conference out of the question ; and only during the current year has it been possible to knit again those guiding threads in world-homœopathy of which the continuity was so rudely severed by militarism some six years previously.

But faith in the future is a characteristic of Homœopathic personalities ; and year by year the machinery of the Council was kept going in the shape of a specific official letter transmitted to all the Homœopathic Societies and Journals of the world, with an account of what Homœopathy, as such, was doing in various countries in the time of War. Such work, for example, as the establishment and conduct of the Neuilly Hospital, undertaken at the initiative of the International Homœopathic Council ; also the unique methods employed and results achieved at the Flower Hospital in New York, in epidemic cerebro-spinal meningitis ; such excellent work also as was conducted by the various Base Hospitals of Homœopathic Institutions in America, under the sanction and regulation of the Army authorities of the United States. The detailed history of the work of these active and successful organisations under the Homœopathic flag, whether as training in America, or in active service at the front, is still to be included within the covers of a single volume. We hope in due course that this will be done, and that a permanent Memorial of the values of Homœopathy to the State in wartime may be added as a new chaplet on the brows of our Cause.

" Lux in tenebris."

Early in 1920 the Homœopathic physicians of Holland met in council, and decided to renew their offer of hospitality for the International Council in the current year. The only stipulations were that the Council should be International in fact as well as in

name, and that the time for the Council assembly should be during the month of August. To these suggestions the International officiate gladly agreed, and the requisite invitations were issued far and wide, as far as the dynamics of the Postal service and the limits of censorship would allow, to those Homœopathic professional organisations on the rota of the Council in *ante-bellum* time.

This was the first experiment in Homœopathic International comity since the catastrophic destruction of part of civilisation incident to the outbreak of militarism. It was a tentative procedure, with no certain knowledge as to the practicability of various representative personalities with poignant experiences meeting round a Council Board in deliberation on a subject which had been relegated to the background owing to the stress and storm of events. It was not sure whether Mr. Standfast, or Mr. Littlefaith would be justified in his anticipation; but as optimism is inbred in the Homœopathic psychology, optimism carried the day, and the issue was thoroughly justified.

The International Homœopathic Parliament.

The countries represented at The Hague gathering were :—

Great Britain, whose delegates were : Dr. Wheeler, Dr. Goldsbrough, Dr. Chas. S. Spencer, Dr. Edwin Neatby, Dr. Fergie Woods, Dr. Cash Reed and Dr. Burford.

From *America* came Dr. John Preston Sutherland, known and dear to every Homœopath the world over ; Dr. Roy Upham, First Vice-President of the American Institute of Homœopathy, and Dr. Askenstedt.

Switzerland sent courtly and urbane Dr. Mende-Ernst ; and his active colleague, Dr. Hartmann, with his accomplished wife, who regularly attended the Council deliberations.

From *Sweden* came Dr. Helleday, stricken in years, but still active enough to make the journey from Scandinavia to Great Britain and thence to the Hague in order to represent his country at the Council Board.

From *France* came Dr. Baudry, a comparatively new

personality in International Homœopathic affairs, but one of the most cultivated, diplomatic and liberal-minded members of the French Homœopathic Society. Dr. Baudry is a man who is destined to take a considerable part in the scientific development of Homœopathy, and some of his statements at the Utrecht Homœopathic Hospital on his own original work attracted interest and surprise.

From *Germany* came Dr. M. F. Kranz-Busch, the pre-war Associate Secretary of the International Homœopathic Council.

Dr. Dandolo Mattoli from Italy was most regrettably prevented at the eleventh hour from adding his presence and counsel to the meetings; and our old and tried friend, Dr. Brasol, erstwhile of Petrograd, who in former times was a personality not to be put by, was greatly missed, but no communications for some years have been allowed to pass from us to him or from him to us.

The Council meetings were held in the artistic buildings of the Pulchri Studio, in the Lange Voorhout; and at the Public assemblies, the ladies of the Council members were also present; among these were:—Madame Mende, Madame Voorhoeve, Madame J. N. Voorhoeve, Madame Hartmann, Mrs. George Burford, Mrs. Edwin Neatby, Mrs. Chas. Spencer, and Mrs. Roy Upham; Miss G. M. Madden acted as Secretary-Clerk.

Presidential Greetings.

On the first day, August 26th, the delegates assembled at 10 a.m., President Sutherland in the Chair.

A brief address of welcome was given by the Chairman, whose presence was an inspiration to the delegates. Certainly of Dr. Sutherland, it may be said:—

“He nothing common did nor mean
On any memorable scene,”

and this International assembly, the first after the War, was a memorable scene.

The following was the President's address:—

“Gentlemen, Members of the International Homœopathic Council,—It is my highly-prized privilege, and a

profoundly esteemed honour as the Presiding Officer of the International Homœopathic Council, to extend to you, one and all, a hearty and very sincere WELCOME to this, the first meeting of the Council since civilisation was rent to its foundations by a fratricidal strife unequalled for ferocity and destructiveness—and unsurpassed in the history of mankind for heroism and for superb co-operation.

We are assembled here as representatives of different nationalities—with different traditions and habits of thought ; but we have come together as *Physicians* ; more, we come together as *Homœopathic Physicians*, deeply interested in the welfare of humanity, in the healing of the sick, in the prevention of suffering, and especially interested in the continued progress and development of that branch of Medicine known as Homœopathy. We have come together in a spirit of altruism and brotherly love, and I am sure that Council in that spirit will result in mutual benefit and in the strengthening of the Cause we so highly prize.

“ Once more, a very sincere and hearty welcome ! ”

The Status of the Council.

The Acting Secretary, Dr. George Burford, then dealt with the necessary preliminary business :—

(1) The constitution of the International Homœopathic Council, as defined at the time of its creation by the London Congress, was read.

(2) The names of the delegates who were definitely accredited to the Council from their respective Homœopathic Societies were read and their personalities cordially welcomed by the President.

(3) An extract from the Proceedings of the meeting at Ghent in 1913, ordaining that the ensuing Council assembly should be held in 1914 at The Hague.

(4) An extract from the Proceedings of the Emergency Meeting in London in August, 1914, was read, setting forth the impracticability of the anticipated meeting at The Hague, owing to the commencement of European warfare. That the interim business of the Council between the present and the next ensuing meeting be carried on by the officials resident in Great

Britain, together with such auxiliary aids as in their judgment were advisable.

Further, that during the six years of warfare the machinery of the Council had been maintained by the issue of an annual address emanating from the Acting Committee to the various Homœopathic professional organisations over the world, so far as military transport and censorship permitted. That the functions of the Acting Committee naturally cease on the assembly of the International Homœopathic Council at The Hague at the present time.

The adoption of the Report was carried unanimously.

Dr. Sutherland then made a moving allusion to the death of Dr. Hawkes, of Liverpool, one of the Vice-Presidents of Council, and it was decided that an expression of condolence with Dr. Hawkes' family should be transmitted by the Secretary.

The delegates were then each formally introduced to the President.

The Presidential Address, which was scheduled to be given in the morning, was postponed by general desire to the Public Meeting in the evening.

The Council at Work : Reconstruction and Dynamisation.

The essential business of the day was now begun, and debate commenced on "The Reconstruction of Homœopathic Organisations, and the Acceleration of their Activities after the War."

Dr. Burford introduced the subject in the following brief address :

"President McClelland, at the Zurich Council, addressing himself to the halting progress of Homœopathy, asked the question, 'To what is this tardy progress, this arrested development due? Homœopathy wants a place in the sun, and Homœopaths intend to get it. Why, then do the chariot wheels of our Cause drag so heavily?' And the President, with characteristic American insight, answered, that there is something amiss with our organisation. Our Party is not yet organised as one and indivisible; unlike Science, it allows itself geographical barriers; our Cause is still a

series of detached National organisations, like watertight compartments, separate and individualist, self-contained and isolated."

"Gentlemen, that way Victory does not lie. At least we have not found it so ; our meeting here to-day, of certain of the active spirits in the Homœopathic World, is to add Internationalism in Homœopathy to Nationalism—to make the whole greater than the sum of its parts—to activate apathy and lethargy in this quarter, to urge against submission to professional antagonism in that, to bring proper and legitimate influence to bear on Administrative restrictions—in a word, to consolidate our values, and unify our procedure.

"These requirements find fit and concise expression in our motto

" ' EACH FOR ALL AND ALL FOR EACH. '

"The essentials for the advance of Homœopathy are :
(a) Perfected Organisation ; (b) Increased Dynamic.

"We require information on : (a) The losses of Homœopathy during the War ; (b) The Prospects of a Homœopathic revival, based on professional support and State interest ; (c) The definite measures necessary to extend the Organisation and encourage the activities of Homœopathy in each country at this time.

"I trust we may have some most valuable and instructive information under these three heads."

Surprises and delights.

Thereafter the first Report was presented by Dr. Baudry, as the accredited delegate of the French Homœopathic Society ; it was given in the French language, and afterwards rendered into classical English by Dr. Mende. Dr. Baudry also presented the report from the Homœopathic colleagues in Barcelona.

The tenor of both records, and particularly that from France, was decidedly encouraging.

After some further discussion on the details of Dr. Baudry's communication, Dr. Mende, of Zurich, presented the Report from Switzerland ; and here came a dramatic surprise. Quite unknown to Homœopaths in

general outside the geographical frontiers of Switzerland, our colleagues in that country have been actively engaged for some time in the erection of a Homœopathic Hospital in Basle, under the professional direction of our distinguished colleague, Dr. Scheidegger. The financial support necessary for so considerable a public work was obtained from a legacy of some 700,000 frs., which had been designated by two ardent supporters of Homœopathy in Switzerland for such a purpose. The erection of the building was begun in 1917, and the hospital was opened in the autumn of 1918. It accommodates thirty patients, and is built in such a manner that room for twenty more beds could easily be added. The hospital is evidently splendidly equipped, and the locale is admirable for ordinary Hospital purposes, as well as for out-door treatment.

Dr. Sutherland and Dr. Burford congratulated Dr. Mende most heartily on the most encouraging report of Homœopathic activities in Switzerland, and Dr. Neatby proposed that a message of congratulation from the Council be sent to Dr. Scheidegger, the medical Director.

Next came the report from America.

Dr. Sutherland introduced the first Vice-President of the American Institute of Homœopathy, Dr. Roy Upham, who addressed the Council on the position and prospects of Homœopathy in the United States. The detail of Dr. Upham's communication was intensely interesting, and the sum was to the effect that Homœopathy is very definitely on the up-grade in America; that it is a living and moving Cause, and that the organisation of Homœopathic activities is so effective that on October 19th of the current year every Homœopathic Institution in America will have a Clinical Day; that is, there will be open house from the Homœopathic Institutional point of view, for the whole medical profession to "come and see."

Dr. Sutherland then followed, confirming Dr. Upham's most interesting and encouraging report. He gave an account of the activities of the American Homœopathic Institutions during the War; Base Hospital No. 44 from Massachussetts, and No. 48 from

New York, were fully equipped with surgeons, nurses, and laboratory staff, organised by the Homœopathic profession, offered to the Government, accepted, trained and then dispatched to the Front. The active history of these two Base Hospitals is being compiled by Dr. Dearborn.

Dr. Sutherland then referred to the recent meeting of the American Institute of Homœopathy in June last. Some 1,400 attendants of the Institute meeting were registered, and a strenuous effort was made to increase the permanent membership by 500 ; this has been practically assured owing to the energy of the President, Dr. Sawyer.

Further, that a gift of \$400,000 had been made to the Homœopathic Department of the Ohio University by Mr. C. F. Kettering, for the advancement of Homœopathic therapeutics. Mr. Kettering is President of the General Motors Co., of Dayton, Ohio, and it was owing to the excellent results of Homœopathic practice, not only in Mr. Kettering's own family, but also in the Works of the General Motors Co., that the interest of the President was aroused and this princely gift offered.

Another statement which attracted the attention of the delegates, was to the effect that Dr. Boericke, of San Francisco, has secured a copy of the sixth edition of Hahnemann's "Organon." *The book is annotated in Hahnemann's own handwriting.* As soon as this edition has been translated into English and published both in English and German, it is hoped that the original will be given to the American Institute of Homœopathy for safe keeping in the Smithsonian Institute.

Dr. Sutherland next presented the Report of Homœopathy in Brazil ; and here again the substance of the record was most satisfactory. Homœopathic physicians in that country can be trained as such, and every Homœopathic pharmacy comes under Governmental control. It was most interesting to learn that the diplomas granted by the Homœopathic Faculty of Brazil are recognised officially, and regarded in exactly the same manner as those of any other school ; they also carry the right to any office or Commission nominated by the Federal or State Governments. We

may also add that the medical educational course in Brazil covers six years.

The report was received with acclamation and put on record. The meeting then adjourned.

The Afternoon Proceedings.

The session was resumed in the afternoon, at 2.30 p.m., when an elaborate and most interesting Paper was presented by Dr. Edwin Neatby, the President of the British Homœopathic Society, on "The Acceleration of Homœopathy in Great Britain."

Dr. Neatby's account of the forward movement he has recently, and with such brilliant success instituted in the British Homœopathic Society, was listened to with maintained and unbroken interest by the Council, and we trust and expect that later it will be published in full detail by various of the Homœopathic journals of the world. The paper was read in both French and English, so that no points were lost by any members of the different nationalities present.

Dr. Fergie Woods followed, and spoke of the importance of rectifying errors in the public allusions to Homœopathy.

Next came Dr. C. S. Spencer, of Ashton-under-Lyne, who gave an interesting account of Homœopathy in his own sphere of usefulness, and also mentioned the fact that he had introduced Dr. Wheeler's new book to various of his allopathic confrères.

Dr. Goldsbrough then addressed the assembly as one of the delegates from Great Britain ; and he cordially congratulated Dr. Neatby on the excellence of the results that had accrued from the Presidential activities of the latter gentleman. He then spoke of the importance of ensuring the position of the voluntary hospitals in relation to any incorporation schemes of Government ; and, as Secretary of the Homœopathic Education Committee in London, the speaker alluded to the annual record of professional educational facilities provided by the London Homœopathic Hospital and the British Homœopathic Association in concurrence.

Dr. Burford next alluded to the interesting work of Sir Jagadis Bose, and stated that he had listened to

a lecture given by this distinguished scientist before the Royal Society of Medicine, in which various of the main points made by Sir Jagadis were so definitely Homœopathic that one was moved with curiosity to know from what inspiration they had been obtained. Dr. Burford alluded to the wonderful instrument of Sir Jagadis, which could magnify the movements of growing protoplasm in the cell some twelve million times ; and how interesting it was to see, so to speak, the " writing on the wall " of protoplasmic activities, somewhat after the style of that adopted in Lord Kelvin's galvanometer. But the Homœopathic element in the lecture of Sir Jagadis Bose was explained on reading an account of an Annual Meeting of the Homœopathic Hospital in Calcutta, when, together with various distinguished State officials, Sir Jagadis Bose was present on the platform.

The report of the condition of Homœopathy in Holland was presented by Dr. Tuinzing, and it was evident that in this country Homœopathy was holding its own ; that the new Homœopathic Hospital at Utrecht was doing very excellent work, and an important part of the programme for Saturday would be a visit to the Hospital there.

A report on the position of Homœopathy in Sweden was next presented by Dr. Helleday, and received with acclamation by the Council.

And finally, a report on the present status of Homœopathy in Germany was presented by Dr. Kranz-Busch. It appears that the former Homœopathic Hospital in Berlin has been closed and sold ; the Hahnemann house in Berlin has also been closed and sold ; that the first meeting of the German Homœopathic Society had taken place two months previously in Stuttgart, and that the German Homœopathic physicians have determined to erect a new Hospital in that city to cost three million marks, thus intending to build in this way the largest Homœopathic Hospital in Europe.

Dr. Sutherland then stated that they were all agreed that they must inculcate the spirit of fraternity in a wider sense than ever before.

It had been the intention of the Secretary to review the addresses that had been given, but, as a matter of fact, they were characterised by a notable parallelism in the record of progress, and the means for encouraging progress. It was astonishing how, in various parts of the world, both in Europe and in America, there was so definite a movement of Homœopathy upward, and the dominating element was this, that the movement was simultaneous and widely disseminated. This argued well for the stability of Homœopathy in the world as an International Cause.

The Council then adjourned.

A Public Meeting was held in the evening, at which a considerable number of ladies and gentlemen were present, in order to hear a lecture by Dr. J. N. Voorhoove, the medical Director of the Homœopathic Hospital at Utrecht.

The lecture was delivered in the language of the country, and illustrated by a considerable number of lantern slides (which had been lent by the International Homœopathic Council), illustrative of Homœopathic Hospitals in various parts of the world. The lecturer's address was evidently most interesting to the Dutch-speaking auditory, and the excellent slides attracted the attention of everyone present. At the conclusion of the lecture a vote of thanks to Dr. Voorhoove was proposed by Dr. Neatby, and carried unanimously.

Thereafter an adjournment was made, when some of the principal ladies and gentlemen resident in Holland were introduced to the visiting delegates of the Council.

At nine o'clock Dr. Sutherland gave his Presidential Address.

This, exactly as was anticipated, was so excellent and inspiring an allocution that it riveted the attention of the whole auditory for the greater part of an hour. It represented one of the finest products of Dr. Sutherland's literary ability, and was characterised throughout by that elevation of thought and feeling which the President infuses into every subject that he touches.

A vote of thanks to Dr. Sutherland for his most interesting Presidential Address was moved by Dr. George Burford, and carried unanimously and with great acclamation.

The proceedings now terminated.

The Second Day : Friday, August 27th. " Propagandism in Homœopathy."

The Council Session commenced punctually at 10 a.m., and with an obvious eagerness on the part of the delegates to resume their deliberations.

The subject for the day's consideration was " Systematic and Co-ordinated Propagandism in Homœopathy," (first) among the medical profession, and (second) among the educated laity. The address was given by Dr. George Burford.

He commenced by citing the aphorism of Matthew Arnold, that it was necessary not only to see the truth but also to make it prevail ; and the duty of making the truth of Homœopathy prevail constituted the prime consideration of the delegates that morning. Propagandism in Homœopathy was as necessary as in religion, or in politics, or in any of the prime interests of life ; without it we incur the odium of belonging to a secret society. Moreover, the day of intellectual hierarchies was passed ; the educated public insisted upon knowing exactly what was the logical foundation of any system of things they were called upon to espouse, and if a clear intellectual conception of a cause or a method could not be obtained, it was due less to defects in the auditory than to a lack of mental clarity on the part of the expositor. Propagandism in Homœopathy was a double-sided unity, and required an active campaign.

First, among the Medical Profession.

Under this he dealt with hospital post-graduate training in Homœopathic materia medica and therapeutics, and clinical medicine ; and indicated the existing establishment of a fully equipped post-graduate training school for medical men in these subjects at

the London Homœopathic Hospital. Any professional man in any part of Europe requiring systematic instruction in Homœopathy could join the London Homœopathic Hospital Medical School, and attend the systematic course carried on there during each *annus medicus*. It was not generally known that Homœopathy was taught there academically as well as clinically, and that the lecture scheme was so arranged that tutorial instruction was carried on during the whole year.

Next, he advocated the circulation of Text-books of materia medica and therapeutics expounding Homœopathy in terms of modern science, among the members of the dominant school, and indicated how this might be done, citing a recent and most successful scheme carried out by the British Homœopathic Association, which circulated 150 copies of Dr. Wheeler's new book among the non-Homœopathic profession, through the intermediation of Homœopathic physicians. He suggested that this, or some similar plan, should be carried out with this or some similar book in all countries where Homœopathy was endeavouring to obtain for itself an uplift.

He next insisted on the fundamental importance of the establishment of Homœopathic Hospitals, however limited their initial equipment ; and said that wherever two Homœopathic physicians practised together in one town, there a hospital ought to be established. In course of time additions and enlargements would probably require to be carried out ; this was the case with nearly every one of their provincial hospitals of Great Britain, and history should repeat itself elsewhere.

He then spoke in terms of the warmest commendation of systematic efforts to enlarge Homœopathic Societies by an increase of membership, and gave his whole-hearted support to Dr. Neatby's scheme for carrying this into effect. That scheme had been placed before them in detail by the accomplished author on the previous day, and he would earnestly conjure every member present to put the importance of this campaign before his society on his return, and give them no rest until that, or some equivalent scheme, was adopted.

2. *Propagandism among the Educated Laity.*

The speaker insisted on the urgent and paramount necessity for an explanatory pamphlet of what scientific Homœopathy is, for the consideration of parliamentarians, journalists, barristers, clergymen, authors and other of the cultivated minds of civilised life. He stated that there was not an interesting subject in science, politics, art, or letters that had not been lectured upon at the Royal Institution, or presented in interesting articles in monthly Reviews, or dealt with in popular handbooks, or explained from lecture platforms. Homœopathy alone seemed self-excluded from this legitimate field, and that it was high time that the lethargy of the professional adherents to the Cause should intervene no longer to prevent Homœopathy from coming to the light of day. A course of public exposition should include open lectures, given by visiting physicians or by laymen, explanatory of the first principles of Homœopathy, and these very often might be fitly added to the Annual Meetings of Dispensaries or Hospitals where Homœopaths *ex-hypothesi* are gathered together.

3. The definite information conveyed by lectures and addresses to the various lay Institutions connected with Homœopathic Hospitals, for example the Ladies' Guilds, etc.

The address will probably be published in detail in the immediate future, and the whole subject in its various aspects was discussed by the assembly, and the practical suggestions warmly espoused.

The meeting then adjourned.

The Port of Rotterdam.

In the afternoon a highly interesting and enjoyable journey by special steamer along the River Maas, through the Port of Rotterdam, was taken, as part of the hospitality of the Dutch Homœopathic Society.

For some two hours the vessel chartered for the occasion swept through long lines of steamers and shipping berths and wharves, where the produce of the world was being unloaded and re-distributed ; and

it gave material for much reflection to see what an enormous amount of the commerce of the world made connection with this Dutch port.

The excursion in itself was most enjoyable, the weather was congenial, and the hospitalities of the afternoon were graciously dispensed by Madame Voorhoeve, assisted by her staff of personal servants. The most appreciative thanks of the visitors are hereby given, not only to the lady whose supervision made everything go well, but also to the Society at whose initiative the scheme was thought out, and not least to Dr. Tuinzing, the Honorary Local Secretary, to whom the successful organisation of the afternoon's pleasure seemed to be but child's play.

In the evening of Friday the Council met in their last Session, and the business was of a private character.

The Report of the Acting Secretary and of the Acting Treasurer was read and adopted in each instance.

It was decided to hold the next International Congress, if possible in 1922, in Geneva; but that this decision (although one to be made to materialise if possible) was yet open to reconsideration on the part of the Council should events of sufficient importance transpire.

The Council next accepted with gratitude the invitation of the French Homœopathic Society through Dr. Baudry, to meet in Paris in the middle of the year 1921.

Dr. John Preston Sutherland was unanimously re-elected as President.

Dr. George Burford and Dr. Mende were elected Vice-Presidents, and Dr. Kranz-Busch was made third Vice-President.

Dr. Granville Hey, of London, and Dr. Tuinzing, of Rotterdam, were appointed Co-Secretaries of the Council.

Dr. Boyer, of Paris, was made Honorary President of the Council.

Dr. Goldsbrough was nominated to the office of Treasurer.

Dr. Neatby and Dr. Wheeler were co-opted on the Executive Committee of the Council.

The President closed the final session of the International Council by a brief valedictory address, in which he emphasised the pleasure and gratitude he felt in the discovery that all the delegates present reported the increasing Homœopathic activities in the various countries they represented, and how unexpected advances had been made known ; that much spade-work in Homœopathy had been done during the last six years, quite unhindered by the stress of War.

Saturday, August 28th.

On this morning the delegates were invited to visit the new Homœopathic Hospital at Utrecht, and afterward to attend a formal meeting of the Dutch Homœopathic Society, at which one of the Council delegates gave an address. Dr. Wheeler, of London, was invited to address the assembly, and was followed by Dr. Kranz-Busch, and finally by Dr. Baudry.

In the evening a dinner was given by the Dutch Homœopathic Society to the visiting delegates and their ladies at the Hotel Twee Staden. The repast was royal in its character and amplitude, and the thanks of the delegates were conveyed by Dr. Sutherland, Dr. Burford and Dr. Mende, and other of the Council officials.

So, in a final act of fraternity and hospitality, terminated the International Homœopathic Council assembly at The Hague in the present year of Grace.

ADDENDUM.

Dr. Burford spared himself so little over the Council business that he was compelled to rest during the daytime of Saturday, August 28th, and consequently did not attend the gathering at the Homœopathic Hospital at Utrecht. There was, however, a large gathering both of visitors and of Dutch physicians, and the hospitality of our Netherlands colleagues was greatly appreciated. Especially was the gathering indebted to the courtesy of Dr. Voorhoeve, who is the head of the Hospital.

The building is an admirably planned one, in ample and beautiful grounds in the suburbs of Utrecht. It contains excellent public wards, and also a number of private rooms, which for their comfort and convenience roused the envious admiration of all the visitors. The hospital equipment is complete and up-to-date, and certainly Dutch Homœopathy should be proud of its Institution. Plans are ready for its extension, and we hope that the time for it will shortly come.

After inspection of everything, and enjoyment of luncheon, a meeting of the Netherlands Homœopathic Society was held. Dr. Tuinzing took the chair in the unavoidable absence of the President. Papers were read by Dr. C. E. Wheeler, Dr. Baudry, of Paris, and Dr. Kranz-Busch, of Wiesbaden. The first dealt with Homœopathic prospects and politics, the last was a valuable clinical record of cured cases. But Dr. Baudry's paper was most significant, and more will assuredly be heard of it. It dealt mainly with physical laboratory tests in relation to Homœopathic Pharmacy. We hope to quote from or translate, at any rate, parts of it before long.

NOTIFICATIONS.

. Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

MR. JAMES EADIE.

MR. J. EADIE has removed from 71, Harley Street, to 3, Bentinck Mansions, Bentinck Street, W.1. Hours, 11-1, and by appointment. Tel. Mayfair, 749.

DR. C. E. WHEELER.

DR. C. E. WHEELER has removed from 71, Harley Street, to 82, Wimpole Street. Hours, 10.30 to 12 (except Saturdays) and by appointment. Tel. Paddington, 333.

DR. T. G. STONHAM.

DR. T. G. STONHAM is now practising at Calthorpe Lodge, Wordsworth Road, Worthing.

HENRY SHACKLETON, M.D.

Natus 1847—*Obiit* 1920.

"This is the happy warrior, this is he
Whom every man-at-arms would wish to be."

THE Angel of Death has been once more among us, and we have heard the beating of his wings. The 28th of August saw the passing of our much-loved and veteran colleague, Dr. Shackleton, from the midst of his family circle and the locale of his professional work. A long and exhausting illness followed a life devoted with rare single-mindedness and enthusiasm to the Healing Art; and full of years and honour, our friend has left the memory of half a century's magnificent work to attest his abiding service to humanity. *Finis coronat opus.*

Dr. Shackleton was an enlightened adherent of Homœopathy from the very commencement of his professional career. With characteristic tenacity, having seen the Truth, he lent himself during the many active years of his maturity to make it prevail. His was not a talkative personality at Congresses, nor did he provide copious material for the printing press but, more important, he made Homœopathy a burning and shining light in the suburb of Sydenham, where his ripe experience and sound judgment made him the trusted professional adviser of a clientèle unusually elect and cultivated. His conception of public duty lay in doing the greatest good to the greatest number, and this he accomplished by devoting his professional training to the service of humanity, rich and poor, in and out of season. The fine quality of the man was further seen in the single relaxation he allowed himself. He was a high authority on Floriculture, and a Vice-President of the National Rose Society, and his expert judgment was often utilised as judge at the Annual Rose Shows of pre-war time.

A numerous and unusually gifted family rose up to bear his name; the most celebrated was Sir Ernest Shackleton, the world-renowned explorer, whose books on his famous discoveries record deeds that surely touch the utmost limits of human endurance. Such

fortitude and constancy were hereditary qualities, and were foreshadowed in the personality of the father of this distinguished son.

Dr. Shackleton was the last man to think of himself, and from early morn to dewy eve his untiring energy was devoted to the well-being of the sick and afflicted within his care. At last the bodily machinery gave way under this unresting stress, and he retired from practice, owing to acute ill-health, in the year 1917. Dr. Shackleton's retirement was a great loss to Homœopathy and to his friends and patients; and after a long invalidism, mitigated by the unremitting and devoted nursing of the ladies of his family, he recently passed peacefully into the other world. For him Spenser's couplet might have been inscribed:

"Rest after toil, port after stormy seas:
Ease after pain, death after life doth greatly please."

GEORGE BURFORD.

INFLUENZA AND TUBERCULOSIS.—Anderson and Burns supplement a previous communication on epidemic influenza among patients and employees of the Loomis Sanatorium, Loomis, New York, with a further analysis of the histories of patients who had influenza before entering the sanatorium and a record of the incidence and fatality of this disease among former patients. They also give a critical view of recent literature on the subject. Of 1227 traced former patients, seventy contracted influenza and sixteen (22.9 per cent.) died of the disease. Of 199 new patients admitted between November 1st, 1918, and November 1st, 1919, forty-two or 21.1 per cent. gave a definite history of influenza. Of these forty-two, eighteen knew they had tuberculosis prior to their influenza, while twenty-six gave a history of previous symptoms that were presumably tuberculos. In twelve cases the onset of tuberculosis was definitely post-influenzal. The authors conclude that tuberculosis does not confer an immunity to influenza; that influenza is not less severe among the tuberculous; that among their own patients the case fatality was higher than among the general population; that among a certain number of individuals influenza marks the inception of pulmonary tuberculosis; and that to ignore or deny the possibility of pulmonary tuberculosis as a sequela is to unduly defer diagnosis and early treatment.—*American Review of Tuberculosis*, April, 1920, vol. IV. No. 2.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

RECEIPTS FROM 16TH AUG. TO 15TH SEPT., 1920.

GENERAL FUND.

<i>Subscriptions.</i>					£	s.	d.
H. H. Bolton, Esq.	..	..	..	..	2	2	0
C. W. Rock, Esq.	..	..	..	..	1	1	0
Lady Durning Lawrence	..	..	..	..	5	0	0
A. Kemp Brown, Esq.	..	..	..	..	10	6	
Miss Neal	..	..	..	..	10	0	
Dr. E. A. Neatby	..	..	..	..	2	2	0
H. Edmonds, Esq.	..	..	..	..	2	2	0
Dr. E. L. Hughes	..	..	..	..	1	1	0
Dr. C. Foley	..	..	..	..	1	1	0
Dr. C. Granville Hey	..	..	..	..	1	1	0
Dr. Burford	..	..	..	..	5	5	0
<i>Donation.</i>							
Anonymous (per H. Edmonds, Esq.)	..	..	..	..	1	0	0

A Meeting of the Executive Committee was held at Chalmers House on Wednesday, 15th September, at 4.30 p.m.

A Meeting of the Beit Research Fund Committee was held at Chalmers House, on Wednesday, 15th September, at 5.30 p.m., and grants for Research were made to Doctors E. Bach and C. E. Wheeler, under the auspices of the Beit Research Fund of the Association.

The Introductory Lecture to the Educational Course at the London Homœopathic Hospital for the Session 1920-21, will be delivered at the Hospital on Thursday, 14th October, at 5 p.m., by Dr. Percy Hall-Smith. Subject: "Homœopathy—Its Present Status and Future Possibilities."

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

**MEDICAL AND SURGICAL WORKS PUBLISHED
DURING THE PAST MONTH.**

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

- | | |
|---|---|
| Baillière's Nurses' Complete Medical Dictionary. Edited by Constance M. Douthwaite. 18mo. pp. 206. n. 3s. | Ker (Claude Buchanan). Infectious Diseases. A Practical Text-Book. Royal 8vo, pp. 639. n. 4ss. |
| Ballance (Sir Charles A.) The Bradshaw Lecture on the Surgery of the Heart, delivered before the Royal College of Surgeons, December 11, 1919. 8vo, pp. 154. n. 10s. 6d. | Leblanc (R.) Venereal Disease and its Prevention. Cr. 8vo, pp. 158. n. 7s. 6d. |
| Clayton (E. Bellis). Medical Gymnastics in Medicine and Surgery. Cr. 8vo, n. 5s. | Martindale (W. Harrison) and Westcott (W. Wynn). The Extra Pharmacopœia. 17th edition. In 2 vols. Vol. I. 18mo, pp. 1,154. n. 27s. 6d. |
| Fothergill (W. E.) A Handbook for Midwives and Maternity Nurses. 8vo, pp. 288. n. 20s. | Todd (Alan H.) Lectures on Surgery to Nurses. Cr. 8vo. n. 7s. 6d. |
| | Woodwark (A. S.) Manual of Medicine. Cr. 8vo, pp. 500. n. 16s. |

JUST PUBLISHED.

AN INTRODUCTION TO THE
Principles & Practice of Homœopathy

By **CHARLES E. WHEELER. M.D., B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the *Editor* as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Burford, London—Mr Knight, Ilchester—Dr. E. A. Neatby, London—Mr. Eadie, London—Messrs. Bury, Manchester—Dr. Baudry, Paris—Dr. Hughes, Exeter.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homöopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homœopathica—Journal A. I. H. — Homœo Recorder.—Medical Therapeutics Rabe.

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To Contributors and Correspondents

October 1, 1920.

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THE HOMŒOPATHIC WORLD.

NOVEMBER 1, 1920.

THE SESSION 1920-1921.

OCTOBER is the month for the opening of the Winter's work and now that it is over we can review the educational position as it stands at the moment and estimate its promise. The British Homœopathic Society made a very successful beginning with a stirring Presidential address from Dr. E. A. Neatby and a very well-attended dinner thereafter full of good omens for a session of comradeship and mutual endeavour. The programme is stimulating and comprehensive. The Beit Research Committee of the British Homœopathic Association is starting applicants on new researches from which much is hoped, and the Executive is at work considering plans for Winter lectures and publications. The London Missionary School has a good (an unusually good) number of Students enrolled and the Honyman-Gillespie and Burnett lectures all in full swing. The Introductory lecture by Dr. Hall Smith is presented to our readers in this issue and they will agree (we are sure), that it was a first-rate send-off to the winter's teaching.

Therefore we can fairly say that the opportunities for study and improvement of our skill and knowledge will not fail us. It remains for each and all of us to endeavour to make the fullest use of the

opportunities provided. Winter is a busy time and it is much to ask of the harassed practitioner to attend Society Meetings or Lectures or Repertory Classes. Yet even an occasional hour so snatched is worth while and may result in a permanent gain of knowledge that in its turn may make the daily work a shade less arduous. We hope our colleagues will do justice to the Winter Session and give it practical support as well as good will.

NEWS AND NOTES.

THE B.H.A. ESSAY ON HOMŒOPATHY.

It has been decided to extend the time allowed for the preparation of essays competing for the B.H.A. prize up to December 31st. All details of the competition can be obtained from Miss Hurrell, 43, Russell Square, W.C.1.

FAGOPYRUM ESCULENTUM.—A formidable name for the very popular American dish of buckwheat cakes made famous by Hecker, Jones, Jewell and other grinders of buckwheat flour. Over-indulgence in this delectable article of food has produced symptoms of gastric derangement so-called bilious attacks, as well as an intensely itching papular or urticarial rash. Occipital headache, empty faint gone sensation at the stomach and either bilious diarrhoea or obstinate constipation may be present. Difficult mental concentration is characteristic. There is present a marked general amelioration from cool open air and the itching is relieved by washing the affected parts in cold water. The editor some years ago reported a case of dermatitis venenata produced by the primrose plant, *primula obconica*: which is highly poisonous to some people, in which the intensely itching, maculo-papular eruption was relieved by bathing in cold water. Until this modality was discovered no relief had been afforded by either rhus tox. or sulphur. *Fagopyrum* 1000 Sk. speedily put an end to the misery. The gastric and other symptoms have also been verified.—*Hom. Recorder*.

ORIGINAL COMMUNICATIONS.

THE RELATION OF HOMŒOPATHY TO THE WORLD OF TO-DAY.*

By DR. HALL SMITH.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

We are met together to-day in the Board Room of the chief centre of Homœopathy in the British Empire, to inaugurate the Series of Lectures and demonstrations, which are to be given at this hospital during the coming months.

When I was honoured with the request to give this Introductory Address, I felt that the time was ripe for a review of our position as homœopaths in relation to the world of to-day, and for the consideration of the place that is due to homœopathy and which we must strive to create for it in the world of to-morrow.

We are living in one of those great epochs of history, when the affairs of mankind have reached a climax ; and turn wheresoever we may, we find old conditions gradually giving place to new and we must perforce trim our sails and set our helm so that our ship may be steered smoothly into the inevitable current of the coming age. We, who know the truth underlying Homœopathy, have no cause to fear if we do but pull together and endeavour to our utmost to live up to the faith that is in us. The coming time is one in which the nature of the force underlying phenomena will gradually be laid bare and truth can no longer be hid. Thus the fundamental law of similars, that basic principle of Homœopathy which was formulated by the immortal Hahnemann over a hundred years ago, and which is the natural law underlying the application of medicinal substances to the relief of human ills, must come into its own, for "truth will out."

The Law of Similars may be defined, for the benefit of any here present who may not be aware of its meaning, as the power inherent in a substance to cure in a sick person symptoms similar to those which

* The Introductory Lecture to the Session 1920-1921.

it will actually produce if given to a healthy person, or in other words, a remedy given to a healthy person will produce certain symptoms ; when similar symptoms occur in a sick person, that same remedy will remove them. This principle was hinted at centuries ago by Hippocrates and later Paracelsus, but it was Hahnemann who finally brought it to the light of day. It has since been elaborated by such masters as Lippe, Hering and Kent in America, and Gibson Miller, among others, on this side of the Atlantic. It can only be regarded as a law of nature as immutable as gravitation, and therefore the same yesterday, to-day and for ever. It remains for us to perfect more and more as the years roll by the application of this law to the cure of disease, and to spread a knowledge of it among our brethren, be they medical or lay.

To this end, two courses are necessary :

(1) To perfect the organisation by which we may bring the truth of Homœopathy to the more open-minded of the medical profession, who as scientific men are prepared to investigate this system of medicine in a scientific and impartial spirit ; and there are many more such in the present generation than formerly.

(2) To provide the educational facilities, which are so necessary to enable such as will, to obtain a thorough working knowledge of Homœopathic therapeutics.

The first necessity is especially provided for by that active and enterprising organisation, under whose auspices this address is given, *viz.*, The British Homœopathic Association.

The second is provided for, so far as London and I may say Great Britain is concerned by the courses of lectures held at this hospital during each Winter Session and to which all medical men are cordially invited.

It will be opportune at this juncture to pass in review the various funds and bequests, which are the means of providing the excellent educational facilities now obtainable at this hospital.

First, let me refer to the Honyman-Gillespie Bequest. These lectureships were established by the trustees of the late Mrs. Honyman Gillespie, of Edinburgh, in co-operation with the Board of Management of the London Homœopathic Hospital and of the British Homœopathic Association, in accordance with the terms of a trust for the purpose of founding or contributing to found a new school of Medicine. This School must embrace the teaching of Homœopathy as well as ordinary medical subjects and other new and useful medical studies. A special point in the bequest is that Homœopathy must be taught, and there is no other hospital of sufficient size and importance where this could be satisfactorily carried out. This lectureship is in the able hands of my colleague, Dr. Charles E. Wheeler, the senior physician to this hospital, who will give lectures and demonstrations here on Mondays and Thursdays, at 5 p.m., commencing on October 18th and terminating for the Autumn term on December 20th, 1920, and resuming for the Winter term on January 13th, 1921, terminating on March 20th. The entire course of these lectures will be devoted to Homœopathy in its theory and practice, and full use will be made of the excellent facilities for clinical instruction afforded by a hospital of this size.

The second link in the Education scheme is the Compton-Burnett Professorship of Homœopathic Prescribing and Philosophy, the present holder of which is Dr. John Weir. This is made possible by the Compton-Burnett fund, which was collected by Dr. John Henry Clarke from friends and adherents of Homœopathy. The fund was founded in commemoration of the late Dr. James Compton-Burnett, the pioneer in the treatment of disease by Nosodes (which are preparations made from disease germs or products), and it is now vested in the British Homœopathic Association as trustees. It is under the ægis of this fund that this introductory lecture is given. Dr. Weir will lecture on Fridays, at 5 p.m., beginning on Oct. 15th and ending on Dec. 17th.

A third fund, which should be mentioned is the

Bayes Fund, which was collected by the late Dr. William Bayes to found the London School of Homœopathy. This was started in 1877 and lasted a few years. On the death of Dr. Bayes, the remainder of the fund was vested in the Board of Management of the London Homœopathic Hospital for educational purposes.

I must also refer to the Sir Henry Tyler Scholarship Fund, founded by Dr. Margaret Tyler of this hospital and her Mother, in memory of Sir Henry Tyler, who was for many years chairman of the Board of Management of the hospital, and did so much for Homœopathy in general and this hospital in particular. It was by means of these scholarships that several medical men (of whom I was most fortunate to be one) were enabled to go to America for the purpose of studying Homœopathy under that great master, the late Dr. James Tyler Kent, who was one of the greatest exponents of the art. Since Dr. Kent's death, this fund has been used to enable those at a distance, who wish to avail themselves of its facilities, to travel to London to attend lectures and demonstrations here.

The lectures and facilities outlined above are intended to supply post-graduate instruction, so that all medical men and women and especially those recently qualified may have an opportunity of acquiring a knowledge of the science and art of Homœopathy. From the lectures, more particularly, will they learn the science or the facts which experiment and research have established, whilst they can obtain a knowledge of the art or practical application of these facts from the clinical work of the hospital, both in the wards and in the out-patient department.

In addition to the Winter lectures, a special post-graduate course is held during the Summer months, in which a series of lectures and demonstrations are given by the medical and surgical staff of the hospital, an endeavour being made to exhibit rarer cases of disease and to deal with special aspects of treatment, and more particularly the applicability of remedies chosen on the Homœopathic principle.

Such then, Ladies and Gentlemen, is the present position of Homœopathy in Great Britain so far as teaching facilities are concerned. When we compare our present opportunities with those which obtained thirty, forty or fifty years ago, it is obvious that we are now in a much better position to spread a knowledge of our art than were our brethren of a previous generation. Although our body then contained such men as Hughes, Dudgeon and Drysdale, there was unfortunately a lack of organised teaching, and those who sought at that time to obtain a knowledge of Homœopathy were confined to the writings of such leading men, admirable and lucid as they were.

I have now outlined at some length the present status of Homœopathy as regards educational facilities, and I think it must be admitted that the teaching of Homœopathy as a post-graduate study has been placed on a sure foundation from which can be built up in the future not only a more ambitious programme in London itself, but an extension of similar facilities to other seats of learning, which are provided with the necessary teaching centre in the form of a Homœopathic Hospital.

The success of these lectures is naturally dependent on eliciting the active interest of medical men and women of enquiring mind, and who may not be satisfied with things as they are ; and in this present age the number of such is increasing. Fortunately the movement on the part of the homœopathic practitioners of Great Britain, known as " the covenant of extension," which was instituted last year by the inspiration of the president of the British Homœopathic Society, bids fair to develop that missionary spirit, which, mainly by individual effort, will place the facts of Homœopathy before other members of the medical profession. Already it is beginning to bear fruit at home by a considerable accession to our ranks, and I understand the movement shows signs of being actively taken up in other countries.

Having now outlined the educational facilities available for spreading a knowledge of Homœopathy,

let me pass on to deal with other considerations which concern its status in the world of to-day.

I will first refer to the present relationship of Homœopathy to the orthodox school of medicine, and briefly discuss some of the evidence afforded by recent scientific developments, which tends to corroborate the truth of Homœopathy.

Secondly, I must briefly consider the position as regards our practice which may result from the increasing interest and control now being exercised by the State in matters medical.

In discussing the status of Homœopathy in relation to the dominant school of medicine of to-day, it will be well to review very briefly in parallel the evolution of the two schools. When, in 1810, after some twenty years of experimental research on the effects of drugs on healthy human beings, Hahnemann published his "Organon of the Rational Art of Healing," the orthodox treatment of the day was crude in the extreme. It consisted largely of such drastic measures as bleeding, purging, blistering, sweating, and so forth and the contrast between the refinement of Hahnemann's method and the crudity of the prevailing treatment of that time was so great, that Homœopathy was treated with universal ridicule. Its author, who was undoubtedly one of the world's outstanding geniuses, soon joined that noble army of pioneers and heroes, who, because their vision is so far beyond that of their contemporaries, are misunderstood during their lifetime, ostracised by the world, while their greatness only becomes generally recognised long after they are dead. Suffice it to say that Hahnemann suffered the persecution that is so frequently the fate of the advanced thinker.

However, during the last century, the advances in medical science, the discoveries of such men as Virchow in pathology, and finally the advent of Bacteriology gradually revolutionised medical thought; in consequence the gap between the two schools became gradually narrower. The heroic measures of the physicians of Hahnemann's day were more and more replaced by a reliance on drug therapy, but the

administration of remedies was mainly allopathic, a method whereby a disease is to be combated by remedies that produce symptoms the opposite of those induced by the disease.

The result was a growth of empiricism, with no guiding principle behind it. This was evidenced by the constantly changing fashions in drugs, depending on the opinion of the majority of the medical profession of the day, and later increasingly dependent on the enterprise of the manufacturing chemist. Gradually faith in drugs began to wane, as evidenced from time to time by statements of some of the leaders of the profession; and with the discovery of vaccines, the latter to a large extent replaced the use of drugs.

When one considers the simplicity of the law of similars, and how by following its principle one can rely on getting results just as much now as Hahnemann did one hundred years ago, results moreover, which statistics show are more favourable than those of the orthodox school, one is astounded that the medical profession did not embrace the homœopathic method. But such is the power of prejudice handed down from generation to generation of medical practitioners that students were invariably warned against the heterodoxy of Homœopathy, and consequently never took the trouble to investigate it; in fact, I very much doubt if the vast majority of the profession have any real knowledge of its principles, to judge from some examples of ignorance that are on record. Thus, when not so many years ago a doctor wrote to *The Lancet* on the position of Homœopathy in a much more friendly spirit than usual, and even admitted that homœopaths treated disease in a much more scientific spirit than their own, but then proceeded to say that the absurd doctrines of Hahnemann have long since been abandoned and seemed to think that our method consists entirely in the administration of often-repeated doses of strong tinctures, we may well pray to be saved from the ignorance of our brethren; in very truth prejudice is fathered by tradition and born of ignorance. It is really pitiable that men who call themselves scientific should reject a system

of medical treatment of which in most cases they have not taken the trouble to become correctly informed, much less investigated it in a scientific spirit.

The members of the homœopathic medical profession only ask their medical brethren to accept their assertions about the law of similars provisionally, by studying a few of the drug provings and putting Hahnemann's law to the test of experience under the guidance of his directions. It is not much to ask that they shall give it a fair trial after first attaining the knowledge necessary to apply it.

When we consider the comparative statistics of the two schools, whether we go back to the cholera epidemic in Europe in 1831, or Dr. Routh's statistics of the comparative mortality in homœopathic and allopathic hospitals in Vienna, in such acute diseases as pneumonia pleurisy and peritonitis, where in the former the percentage mortality in the three diseases respectively was 5, 7, 3 and 4, as compared with 24, 5, 13 and 13 in the latter institutions; whether we take the statistics of our own hospital here in London, or more recent ones in America, comparing the two schools in the treatment of acute disease in the American army during the war, the result in favour of Homœopathy is constant and unmistakable.

I have just referred to the cholera epidemic in Europe in 1831. To my mind, one of the most convincing proofs of the practical application of Homœopathy was in connection with this epidemic. When cholera invaded Europe, Hahnemann, from his knowledge of the action of drugs on the healthy, and also from his knowledge of the symptoms of Asiatic Cholera, no case of which he had ever actually seen, advised his followers that certain remedies, notably camphor, veratrum album and copper, would be their sheet anchors in that dread disease. This prediction was abundantly verified in the event—for the astonishingly favourable results in the mortality under homœopathic treatment as compared with allopathic was vouched for by orthodox physicians of the day.

The present time is particularly opportune for a *rapprochement* between the two medical schools, as

recent medical and scientific work is gradually re-discovering the basic principles of Homœopathy. Thus, the principle underlying the action of vaccines is so similar to that of homœopathy that recently a distinguished pathologist, in investigating our methods, became convinced of the similarity of action of vaccines and homœopathic remedies.

The association with Homœopathy of the small dose has always presented a difficulty to the orthodox medical mind, although it is really subsidiary to the main principle of Homœopathy—*viz.*, the law of similars—and has been almost too prominently set forth. However, experimental science is tending more and more to prove the efficacy of the small dose as compared with the large.

The law enunciated by Arndt in connection with the re-action of living matter to the application of stimuli, showed clearly that protoplasm, the essence of living matter, re-acts differently according to the dosage of the stimulants. Whereas very large doses, *e.g.*, of a substance like arsenic, destroy life activity, and large doses impede it, small doses encourage life activity, and the smaller the dose up to a point, the greater the activity induced. This law was demonstrated by Dr. Wheeler, of this hospital, by experiments dealing with the action of varying dilutions of arsenic on yeast cells. The same principle was quite recently reiterated before a learned medical society, but such a statement that the more a drug is diluted the greater is its stimulating power on protoplasm apparently raised no comment. Yet what a corroboration there is here of the power of the small dose, one of the chief difficulties of orthodox medicine in accepting Homœopathy.

It is every day becoming more abundantly evident that modern scientific research, far from rendering untenable the doctrines of Homœopathy, is on the contrary strengthening and confirming them. By means of instruments such as the ultra-microscope, modern science is re-discovering Hahnemann's original discovery of *potency by attenuation*.

Much interest has been shown by orthodox medicine

in recent years in the therapeutics of colloidal solutions. A colloid has been shown to consist of finely divided particles of a substance in suspension in a fluid, the extreme fineness of the sub-division being accompanied by changes in the chemical and physical properties of the substance employed. At the same time colloids exhibit an entirely new range of therapeutic activities, *e.g.*, metals such as gold and silver in the colloidal form have definite therapeutic activity, and it is held that this activity depends directly on their finest possible sub-division. These solutions are really suspensions of minute particles of the colloidal substance uniformly distributed, so that the general appearance is homogeneous. It is probable that our homœopathic dilutions of metallic or other substances are also along these lines, but with a knowledge of the laws underlying homœopathic therapeutics, we have a better chance of applying them successfully.

Again, it has been shown that the so-called Brownian movement of extremely minute particles in suspension, does not take place if those particles exceed a certain size. Thus again, the finer the state of sub-division, the more active is the substance; and, applying this to drugs, the higher the attenuation the more potent is the drug. The colloids are extremely sensitive to surrounding conditions, and the presence of a very small quantity of a foreign substance may cause their precipitation. Here again is an analogy with our own remedies, as all homœopathic physicians are aware of the extreme sensitiveness of their drug attenuations, which must not be exposed to light, or to contamination by volatile or aromatic substances.

To take a further example from the realm of science: If an electric current be conveyed through a liquid containing a salt in solution, it has been shown that the current is carried through the liquid by infinitesimal sub-divisions of the substance which is dissolved in the liquid. These minute particles are called "ions" and each carries a positive or negative charge of electricity, which it gives up to one or other pole or electrode, *i.e.*, the terminal by which the current enters or leaves the fluid. Now it has been proved

that in concentrated solutions, these ions are bound up and cannot move from pole to pole ; but the weaker the solution is made, up to a certain point, the greater are the number of the free ions, and the greater is the conductivity of the fluid for the electric current. It may be that these ions are the active parts of drugs, and these facts certainly support the doctrine of Hahnemann that trituration and dilution of remedies free the active principle and increase the curative power. Whatever the scientific explanation, the fact remains, as all who care may prove, that potentised remedies do possess increased curative power.

Further corroboration of the power of the infinitely small is yielded by a consideration of Radio-activity, for it is interesting to note the smallest absolute quantity of radium, which can be detected and identified with certainty in the laboratory. Thus, one fifty-millionth of a milligramme, or one three thousand-millionth of a grain, is quite easy to recognise. It is estimated that if half a grain of pure radium bromide were divided equally among every human being at present alive in the world, and one such portion were returned to us, it would prove sufficient for detection and identification by means of a gold leaf electroscope.

Lastly, it is worthy of note that the medical profession of to-day is tending more and more to explain the effect of drugs and vaccines as being due not to the direct action of the substance on the body, but as a stimulus acting on what one might call the vitality of the patient and so to speak stimulating the body to cure itself. This is obviously comparable with Hahnemann's theory of the re-action of the vital force of the patient to the stimulus of the homœopathic remedy.

Having reviewed at some length the relation of Homœopathy to the world of to-day, I will now pass on to discuss its possibilities in the future. The tendency nowadays, and it will become still more marked in the future, is for socialism in its highest sense, gradually and inevitably to replace individualism in the reconstruction of our national life. The ravages of tuberculosis and venereal disease can only be countered by thoroughly organised methods, in which,

from the nature of the case, the State must have the controlling influence. The prevention of infant mortality and the replacement of insanitary dwellings by healthy habitations are necessary features of the new social age, if we are to convert our C3 population into A1. The individualistic tendency of the last century, which received such a stimulus from the doctrines of Darwin, became accentuated in the social sphere, so that it became literally a question of the survival of the fittest among the humanity of these islands. It led more and more to the accumulation of the means of power into the hands of the few, too often I fear at the expense of the mass of the population, which became herded in the large towns as often as not under unhealthy and insanitary conditions. What wonder then that infant mortality was so serious and that thousands succumbed annually to the ravages of preventible disease. The efforts of individual social reformers to ameliorate the lot of their fellows, helpful though they were, were too sporadic and not sufficiently universal to overcome these conditions. It needed the catastrophe of the great war, which amongst other things brought to light the terrible unsatisfactory physical condition of a large proportion of the people, to rouse the public to the urgent need of reform. One result of the change of outlook following the war, has been the recognition of the absolute necessity of remedying these defects of our social system. Public opinion is now gradually forcing Government to organise the building up of a more ideal social state. In the best sense of the word we are all gradually becoming socialists, and the extreme individualism of the past largely accentuated by Darwin's doctrines, however excellent in their own sphere, is being gradually replaced by what Benjamin Kidd calls the "emotion of the ideal," exemplified by the present widespread movement for the betterment of social conditions.

So far as medical matters are concerned, this is shown by the organised attempts now afoot to check infant mortality, to provide healthier housing conditions, and to wage war against tuberculosis and venereal disease by increasing the public facilities for

prevention and cure. The root of the whole problem, however, is Education. It is of no use to provide A1 dwellings or aim at A1 health conditions if you are going to put people into those dwellings who have only C3 notions about their own bodies, and how to feed them and keep them healthy. Thus it is of vital importance that the people should be taught the elementary laws of health, and that the future mothers of the race especially, should have compulsory training in the care of young children and in the elements of dietetics ; for it is the children of to-day who will form the state of to-morrow.

The development of the science of Eugenics was a protest against the social conditions obtaining during the last century, but excellent as the theory of the scientific breeding of humanity may appear, Galton's proposal to leave moral standards out of account and his ignoring of the forces of human nature make the strict application of his principles neither practical nor desirable. But apart from that, it is now obvious to all thoughtful minds that the state must gradually assume increasing responsibility in building up the ideal social state ; and this will necessarily involve its exercising increasing control of the means of the prevention and cure of disease.

The question which naturally follows and which concerns us very closely, is the position that Homœopathy will take in the medical organisation of the future because a State medical service is bound to come in the near future in a greater or lesser degree. By tradition and habit, the profession have been content to look at matters from the individualistic standpoint. But it is now being required to take the communal outlook. The result will be to draw a line through the profession ; on one side of this line will be those who will continue to work in the old individualistic way ; on the other side will be the men concerned in communal work. The tendency undoubtedly will be for one piece of work after another to be transferred from private practitioners to salaried officials of the State. What concerns us most as homœopaths is the position of our hospitals in relation to any State

scheme, because after all it is only by retaining the independence of our hospitals in the matter of our special treatment of disease, that Homœopathy can maintain the place that is its due.

The recently issued report of the Consultative Medical Council advises the setting up of Primary and Secondary Health Centres. The former would be a sort of enlarged clinic, with a certain number of beds and facilities for the thorough scientific examination of patients, where general practitioners could send their patients and continue to attend them. The centre might be defined as an organisation to bring together the curative and preventive services of a given district. The primary health centres of a given area would be connected with a secondary centre, which would be one of the larger hospitals, and staffed mainly by consultants. This again would be linked up with a teaching hospital for the whole district.

It is obvious that the difficulty of Homœopathy maintaining its independence under such a scheme would be very considerable, if not insuperable. I am afraid I have not given a great deal of thought to this subject, but the only alternative to my mind is for our hospitals to maintain their independence as special hospitals—either within or without the State scheme—but the latter would entail a very liberal financial support on the part of the homœopathic public. It would obviously be to our advantage to obtain sufficient official recognition of Homœopathy for our hospitals to be included as special hospitals in any state scheme that may be adopted. To this end, the more we can accentuate and bring to the notice of authority the increasing similarity of the principles underlying modern medicine to those of our own school, the more likely are we to obtain the recognition we deserve.

As a matter of fact, the old distinction between Allopathy and Homœopathy has largely broken down. One speaker at the recent meeting of the British Medical Association at Cambridge is reported to have said that under modern methods of treatment, Allopathy no longer existed, and that Homœopathy was dead and buried. We happen to know that it is very much

alive. He evidently little realised that the unsatisfactory and empirical methods of drug prescribing formerly prevalent in the dominant school have given place to methods which cannot be otherwise described than as homœopathic in principle, even though they may be but a crude application of that principle. By virtue of its fitness as a truly scientific system of applying drugs to the cure of disease, I maintain that Homœopathy has a right to a position definite and unassailable, in any state organisation against disease.

How, seeing that we are a minority cause, is this desirable condition to be brought about? In the first place, as my colleague Dr. Burford, among others, has so vigorously urged, the need is insistent for the adherents and beneficiaries of Homœopathy in Great Britain to federate for a common purpose, *viz.*, that this form of practice have representation on the official advisory and executive bodies and have freedom for growth and development as a factor in the national health. It is first essential to obtain the absolute unity of every homœopathic institution and interest in the country, which could no doubt be achieved by forming a representative body. But I do not propose to go further into the political problem which has been so ably dealt with by Dr. Burford elsewhere.

In the second place, I feel that it behoves us also as homœopaths to adapt ourselves to modern conditions and to do our part to lessen the breach that separates us from our medical brethren of the dominant school.

Seeing that the wholesale prescribing of drugs against disease, to which the term Allopathy was originally given, has now been largely replaced by other methods such as vaccines, hygiene, preventive medicine, dietetics, etc., each one of these is now an integral part in the composite armamentarium against disease. Why, therefore, should not Homœopathy be regarded and come into line as one of these specialised means of combating disease, dealing especially with the science of drug therapeutics.

All that we claim for Homœopathy is that it is the scientific application of medicinal substances to the cure of disease, no more and no less, and that it is a

system based not on surmise, but on definite experiment, and which all the latest developments of science are tending to confirm. It needs but an impartial and scientific examination of its principles by medical men, for them to realise that what has been considered the bugbear of the profession is in reality founded on natural law, and that non-acceptance in the past has been chiefly due to that traditional prejudice which breeds ignorance.

Fortunately there is a more tolerant spirit abroad in all the activities of the present generation, and still more so in the rising generation of the medical profession, which is shown by the increasing tendency to make an unprejudiced enquiry into the principles of Homœopathy.

If it is too much to hope at present that Homœopathy be officially included in the students' curriculum of medical study, that desirable end still remains a possibility, nay, even a probability in the not too far distant future. But, apart from this, Homœopathy is certainly now in the position to claim that it be recognised as one of those post-graduate specialities dealing particularly with drug therapeutics and co-equal with the other special branches of medical study.

Is it not a sign of the times that the University of California, for instance, offers two chairs to homœopathic professors to teach their special subject side by side with the rest of the medical curriculum, and on equal terms with the other teachers?

America is a younger nation than ourselves, and as such is probably less hidebound by prejudice and tradition, and more open to new ideas, but it would be no small service to our cause to advertise such facts as these among our medical brethren; and may it give them furiously to think, when they realise that there *are* orthodox physicians, who are perfectly willing to work side by side with their homœopathic colleagues.

When one considers the rapid strides in almost every department of life which have taken place during the last fifty years, and that probably even greater and more rapid changes are in store for us within the

next half century, I feel absolute confidence in predicting that Homœopathy will eventually be regarded as the only really scientific method of applying drugs to disease, because it is founded on natural law and therefore on truth. And as the history of human progress, throughout the ages, relates time and again, Truth will out, and however misunderstood, however repressed, nothing can prevent Truth from coming into its own.

PRESIDENT'S ADDRESS TO THE BRITISH
HOMŒOPATHIC CONGRESS.

September 10th, 1920. DR. H. WYNNE THOMAS.

(continued.)

Homœopathy is a system of medical practice perfectly rational and scientific.

Homœopathy as explained by Hahnemann was founded on fact. He made certain experiments and got certain results; these experiments were repeated with the same results. He asked the profession to make the same experiments; but no, these were so different to their pre-conceived ideas that they would have nothing to do with them. Homœopaths ever since have been urging the same thing, but prejudice is so strong that down to the present day it has never been dissipated.

Hahnemann was born too soon, and like the man born out of season, the prophet and the pioneer, was unappreciated. If he had lived at the present time the system of Homœopathy would probably have been universally adopted. His discovery of the action of infinitesimals was so contrary to the pre-conceived notions that it was held to be nonsense, and yet science is daily proving the influence of smaller and smaller things. Take, for example, the power of Radium, the influence of X-rays; who would have dreamed a quarter of a century ago that wireless messages could be flashed across the Atlantic?

The small dose has become justified through pathology, through physics, through chemistry. To-day we know that the body is made up of millions and millions of cells of the smallest dimensions, microscopic and ultramicroscopic bodies. In diseases it is these minute cells that are affected ; we know that Nature works only with the smallest mathematical magnitudes ; it has been calculated by physicists that one milligram (0.001) of mass, that is one fifteen thousandth (1-15,000) part of a grain in weight represents about 16 million million millions (16,000,000,000,000,000,000) of molecules. The diameter of a single molecule is four ten millionth (4-10,000,000) part of a millimetre, or one ninety-eighth thousandth, four hundred and twenty-five millionth (1-98,425,000,000) part of an inch.

Drugs penetrate the body not in mass, but through molecular, atomic, ionic dissociation. Van't Hoff has proved that salts in dilution do not have their molecules intact, but are broken up into ions bearing electrical charges.

One gramme of salt, or about fifteen grains, dissolved in fifteen hundred (1,500) tons, or over fifty million (50,000,000) ounces of water, can be made to carry an electric charge.

The energy inherent in ions is almost beyond belief. If we take three one-thousandth part of a gram (0.003) of polonium, the element discovered by Madame Curie, and spread it out along a strip of copper one centimetre (1 cm.) wide, and as long as the Equator, that is, 25,000 miles, three centimetres (3 cm.) or a little over one inch of this attenuated strip of polonium would suffice to discharge an electroscope. Pasteur and Wright proved that minute rather than massive doses of Vaccine must be employed for the best results. The division of drugs into their molecular atomic, or ionic, constituents facilitates their reception by the cells of the diseased organism.

Here is one difference between the methods of the two schools. The Allopathic physician gives his drugs for their physiological effect, which means that the drug must produce a marked impression discernable

to the senses, and in order to obtain this effect, the dose must be a large one. Thus, if he prescribes for constipation he gives a drug that will produce diarrhœa, whereas the homœopath selects a drug that if given in an Allopathic dose would produce constipation, but the dose prescribed according to the Homœopathic method must necessarily therefore be small to prevent an aggravation of the natural disease from the drug effects. When a drug is introduced into the system in a large dose, it acts as an irritant. Thus the effect of a dose of Epsom salts is to set up diarrhœa, and when the effect is worn off we get an aggravation of the constipation. When the drug is administered according to the Homœopathic method the irritation is set up along lines similar to the natural disease, and the dose is only sufficient to make an impression, the re-action of the organism effectually rids itself of the drug disease and with it the natural disease.

Allopathic doses over-stimulate and exhaust the re-active powers of the organism, which is already exhausted by the disease.

Homœopathic doses being just sufficient to get an impression, stimulate without exhausting.

The Allopathic method of treating disease consists of treating individual symptoms, and several different drugs are given simultaneously, which is unscientific, because the physician is ignorant as to the manner in which the different drugs re-act on each other when taken into the body.

The Homœopathic physician takes into consideration the whole aspect of the case, including the individual peculiarities of the patient and the disease, and selects one drug whose action upon the healthy organism closely approximates the disease picture.

This is scientific, because his knowledge of drug action is absolute inasmuch as it is determined by experiment upon the healthy body.

Charles Darwin showed by repeated experiments made on insectivorous plants that the absorption of less than one thirty millionth (1-30,000,000) of a grain of Phosphate of Ammonia, had the power of carrying a motor impulse to the tentacle of the little sundew

plant (*Drosera rotundifolia*), exciting a movement of 180 degrees.

Naegeli found that the minutest particles of metals in aqueous solution beyond the power of chemistry to establish acted markedly on the spirogyra. He suspended four copper coins in a litre of water for four days. This solution killed his plants in a short time. After washing out his flask carefully and again filling it with water, still the spirogyra were killed. He then tried to ascertain the amount of copper dissolved by suspending twelve coins in twelve quarts of water for four days. The water was slowly evaporated and the minute residue was found to be in the proportion of one part of copper to nearly one hundred million of water.

Dr. Buchanan made a similar experiment with gold coins; after allowing a ten mark gold piece to stand in fifteen grams of distilled water for thirty minutes he got definite symptoms on himself and his wife by taking teaspoonful doses which corresponded to the provings of gold by Hahnemann himself.

A few years ago I made an experiment myself with a small quantity of Radium I have. I suspended the radium in the neck of a four-ounce bottle containing distilled water, one inch above the surface of the water for twenty-four hours. The emanations given off so impregnated the water that some blotting paper moistened with that water produced a photograph on a sensitised photographic plate. The amount of radium absorbed by the water is so infinitesimal that it cannot be estimated; yet no one can deny the evidence that it was there.

With certain substances there are chemical tests which will give definite and conclusive re-actions with so small a quantity as one in a million, or even less.

With physical tests the delicacy is far greater. The spectroscope will detect very much less than one in 1,000,000, but for delicacy of physical test there is nothing known to indicate an inequality in the presence of a substance or a demonstration of the effects of its presence of greater delicacy, than a balanced electrical current. In the fifty-eighth volume of the *Chemical*

News, G. Gore states the conditions of the experiment.

Two couples of zinc or magnesium and platinum are immersed in two vessels of distilled water. They are then opposed to each other through a very delicate galvanometer so as to balance one another, and cause no deflection.

If now to the water of one couple be added a proportion of hydrochloric acid equal to 1 in 23,000,000, a deflection is caused, while with chlorine 1 part to 17,612,000,000, or even more dilute solutions will upset the equilibrium.

At what state of dilution does the power of a cell to select cease. The blood of a new-born child contains a given number of red corpuscles, and a given weight of iron. All the new corpuscles must contain their due weight of iron to be healthy ; the only source is the food. The food is the mother's milk, and the proportion of iron in it is already infinitesimal. It is taken by the child, absorbed by the child's blood, diluted by the child's blood, yet the cells needing it absorb it from the diluted mass, and all goes on rightly ; or they fail to absorb it and ill health ensues. Then comes the Allopath and says, "The child needs iron !" How does the child need iron ? Has the mother's milk less of it ? Some subtle, vital, or electrical-balance change has taken place and no additional amount of iron will set it right. Some dynamic action will, and what that drug shall be depends on symptoms.

Now let us see what orthodox medicine has to say about the treatment by drugs. Can they show better or as good results by their methods.

Sir James Goodhart, in an address before the British Medical Association a few years ago, says :

Why do we give medicine ? We often give drugs as an experiment in the hope that they will do good, and frequently not because the disease demands one, but because the patient is not happy until he gets it—and too often is not happy even then.

Wood Hutchinson.—Food, Rest, Sunshine, Exercise, Bathing, Massage : these are the sheet anchors of our new *Materia Medica*.

Sir Frederick Treves : The time is not far distant when the bottles on the doctors' shelves will be reduced to a very small number, and resort will be had to simple living, suitable diet, plenty of sun and fresh air. I look forward to the time when people will leave off the extraordinary habit of taking medicine when they are sick.

Sir Almroth Wright, in 1912, speaking of Vaccine therapy said:—The previously erected edifice of medicine has broken down, and a new one has to be erected from the foundations. We must cast aside all our old beliefs and admit that we have been practising quackery.

All disease, *he says*, is due to bacterial infection, and no disease can be suggested that is not bacteriological. The great question then is how to kill the microbes within the body. Can drugs do this? No, Then their administration is harmful, but there is a way which is Nature's method—that of vaccine therapy. Pasteur, the great French chemist, through his investigations on fermentation, said that "all lives must die, and all dead matter must be disintegrated by the action of living matter," and this breaking up of dead matter is accomplished by fermentation, and he pointed out that this fermentation was due to the presence of minute living organisms, called bacteria. He invented the method of sterilisation and found by inoculation of animals with an attenuated virus of the disease they were suffering from he was able to reduce the mortality of several diseases. These he prepared by cultivating the bacteria on nutrient broths and jellies, as is done at the present time in every laboratory.

Lister applied the principles which Pasteur had worked out to surgery, and in the year 1865 first used antiseptics in the treatments of wounds, which was the foundation of modern aseptic surgery.

What is a Vaccine?

A vaccine may be defined as an emulsion of dead bacteria, standardised to a given strength suitable for therapeutic or prophylactic injection.

A vaccine may be prepared from any given germ that can be grown artificially in pure culture.

How do vaccines cure or prevent disease ?

When germs are introduced into the system the living tissues have the power of manufacturing substances called anti-bodies, which dissolve and destroy the bacteria injected. This was first demonstrated by Mitchinkoff in 1883, under the microscope. He showed that the white corpuscles in the blood collected round the offending bacteria and gobbled them up and digested them.

Just as in the case of an enemy landing on the shores of this country, troops are at once sent to capture the foreigners and intern them and render them innocuous ; but at the same time, in order to prevent any doubt about being strong enough to overcome the enemy, reserves are called up and recruits enrolled, so the body at once starts manufacturing anti-bodies, and the result is that the system has more power to antidote the poison than when it first found entry. In other words the system is rendered immune.

As far back as 1789 Jenner began to inoculate a living virus, viz., cow-pox, in order to produce immunity to small-pox, and later Pasteur found by inoculating cattle with an attenuated anthrax vaccine he was able to protect them against anthrax. He also obtained successful immunity against chicken, cholera and hydrophobia. This was by injecting the virus living but rendered non-dangerous by heat.

Later Roux, a pupil of Pasteur's, found that the bacilli themselves produced a toxin, and by using an extract of diphtheria bacilli (obtained by filtration of the bacilli through porclen) he could render animals immune to diphtheria. This when introduced into the body caused the tissues to manufacture an antidote or anti-toxin. The more toxin the more anti-toxin is manufactured, but the making of anti-toxin takes time, so during an infectious disease the issues are three-fold :

(1) The germs may multiply so rapidly, *i.e.*, may be so virulent, that the body is completely overcome by the toxin before the body has had time to develop enough anti-toxin to neutralise the poison and the patient dies.

(2) If the patient survive the attack some days, and the body is strong enough it is able to manufacture sufficient to overcome the poison and the patient recovers.

(3) But sometimes a compromise takes place, a kind of balance is established, and sufficient anti-bodies only are made to keep the germs in check, and are not enough to overcome them. When this condition is established the patient may go about in apparent health, but still carry the germs about with him, in which case he may be a source of danger to those he comes in contact with; in other words, he is a carrier.

As I mentioned, the body when it starts manufacturing an antidote, goes on until it has a reserve of more than is actually required, just as when, having established a number of munition factories, the war comes suddenly to an end, you cannot suddenly shut them down, and you have a great store of munitions ready, which are not required.

Advantage of this is taken in inoculating soldiers against typhoid fever and lockjaw. Our soldiers during the war were rendered immune against typhoid by inoculating them with an anti-typhoid vaccine, a very small quantity of typhoid toxin was injected into the body. Immediately the tissues began manufacturing an anti-toxin and was soon provided with a large reserve power, so that no typhoid germs had an opportunity of getting a footing. They were at once overpowered and throttled. This proved so successful in the Great War that the total number of deaths from typhoid fever were something like 600 in the entire army on the Western Front, numbering several millions; whereas in the Boer War more men died from typhoid than were killed.

In 1913, in the United States, where inoculation was compulsory in the army, out of 90,000 men there were only three cases and no deaths.

Before the outbreak of the war inoculation was insisted on in both the French and Turkish armies, but it was optional in our own army, although our troops in India were inoculated and there the deaths from

this disease fell from many hundreds to less than twenty per annum.

Again in the case of tetanus (lockjaw) at the beginning of the war numbers of soldiers in France died from tetanus, the germ being carried into the tissues with the soil that contaminated the wounds. But later every wounded soldier was given an injection of anti-tetanic vaccine at the first dressing station, so that he began at once manufacturing anti-toxin, which was ready to antidote any lockjaw germ before he began to be troublesome and in this way tetanus was practically stamped out in the army.

Vaccine therapy was first tried on human beings by Professor Koch about 1890, in the treatment of tuberculosis. He discovered the tubercle bacillus and found that he could cultivate it in blood serum and that if he injected some of this fluid into guinea pigs they developed tuberculosis and died. He then tried injecting dead bacilli into tuberculous guinea pigs, and they died, but if the dose was sufficiently diluted the tuberculous guinea pigs began to improve—in short, the bacillary poison which was fatal to the healthy in large doses, was a cure to the diseased in smaller doses, which was surely an example of “like being cured by like.”

Koch's treatment of consumptives had a great rage for a short time, but it soon fell into disrepute. Why? Because he used far too large doses. Some years previously Dr. Compton Burnett had published his book, *The Cure of Consumption by its own Virus*, and in the second edition, published in 1891, said Koch's remedy will only become valuable when it is given in infinitesimal doses, as he had found by experience at infrequent intervals. We homœopaths know that it is an invaluable help in suitable cases given in a high potency.

This method, though, was not new to homœopathists, for Constantine Hernig, a disciple of Hahnemann's, in 1833 thought that “the toxins found in the body properly attenuated are capable of curing the very diseases that give rise to them.”

Now how are vaccines prepared in the present day?

The bacterial vaccines consist of bacterial cultures which are sterilised by heat and standardised in such a manner that a cubic centimetre contains a specified number of bacteria, and this is injected into the body. This stimulates the tissue cells to produce an antidote to the poison, and when sufficient of the antidotes are made the poison is neutralised and the balance of health restored.

Here now is the Homœopathic principle coming to light through modern scientific research, though of course the dominant school say nothing of Homœopathy. Hahnemann himself used vaccines, and Homœopaths have been using them ever since as Nosodes.

But now having spoken to you of how small doses may act, let me return to the subject of my address. For many years hospitals all over the country have been finding more and more difficulty in making both ends meet, and at the present time every voluntary hospital is faced with the problem how to carry on, for where the expenditure annually exceeds the income unless help is forthcoming, sooner or later it must close its doors. Since the war living has cost so much more that the expenditure account of hospitals has risen by leaps and bounds, and the list of subscriptions has year by year steadily diminished. How are they to carry on? The Minister of Health suggests that the local authorities should help to make up the deficit. In other words, that the ratepayers should be called on to pay. Well, how will that act? If hospitals are to be paid for out of the rates subscribers will stop their subscriptions, and where two or more hospitals exist in a locality the question naturally arises, is more than one necessary? and will it not be more economical to run one than two, in which case it is suggested that the medical men in the neighbourhood should decide. Under such findings what chance do our Homœopathic Hospitals have? Ladies and Gentlemen, this is a serious question and a question we must face. It is not a pleasant outlook, but is a pressing one, and one we must grapple with, and that is why I have brought this subject before you to-day, and am asking you to

help us in the discussion to find a remedy. I have pointed out to you how Homœopathy is boycotted by the profession, how its members are to-day ostracised, kept out of the medical societies, prevented from joining the staff of other hospitals. Why? Because we believe in a law which experience has taught us enables us to treat disease in a way that is superior to any other method.

Now, if we are to continue we must justify our existence. Can we do so? It is said there are three kinds of lies: lies, white lies, and statistics. Well, there are plenty of lies, and pretty black ones, said of Homœopathy, but statistics, if carefully compiled, may be convincing. I am not going to worry you now by giving you a string of figures, but I will throw on the screen a few slides which may prove to you whether Allopathic or Homœopathic results are to be preferred.*

Now, I think you will all agree with me in saying that if you were ill which system would you choose to be under. Homœopathy comes in an easy first, and Allopathy is nowhere.

It only remains for me to thank you for the very patient way you have listened to my remarks. Some of you will think, no doubt, that I have not kept very strictly to the title of my address, but I have endeavoured to point out that Homœopathy is a more scientific way of treating disease, founded on a law worked out on facts. That Allopathic treatment by drugs is unsatisfactory as admitted by themselves. That modern vaccine therapy is after all on Homœopathic lines. That the only way to prove to the community at large is through our hospitals. That the great stumbling-block to the recognition of Homœopathy, *i.e.*, the infinitesimal dose, is after all not unreasonable but is supported on all sides by modern science. And until the old School accept the law of Therapeutics as practised by Homœopaths so long must we continue as a separate School of Medicine.

“Magna est Veritas et prevalebit.”

* The figures shown were taken from British and American sources.

BRITISH HOMŒOPATHIC SOCIETY GOLF.

BY DR. WYNNE THOMAS.

FINAL ROUND FOR DUDGEON CUP.

THE final round of thirty-six holes was played on the Sundridge Park Links, on October 12th, in perfect weather between J. Powell and J. Eadie, the former having beaten C. Wheeler in the semi-final and Eadie having disposed of J. Watson. H. Wynne Thomas acted as referee. The match proved most exciting and was only settled on the 36th green, Powell snatching a victory, when Eadie seemed to have the match safely in his pocket. Powell handicap 16 had to concede two strokes to his opponent in each round.

1st.—Both started with good drives and were level with their 2nd shots, but Powell found the stream with his 3rd and had to pick out. Eadie winning the 1st hole.

2nd hole went to Powell.

3rd.—Powell was short with his drive, Eadie getting a fine long shot. Powell was too strong with his approach and ran over the green, Eadie getting down in bogey 4. Powell taking two more.

4th.—At the railway hole, Eadie drove over the green; Powell landed nicely on the green, but only managed to divide with his opponent in 4.

5th.—Both got in good drives and were level with their 2nd shots. Powell topped his next into the stream and had to lose a stroke, his next ran over the green into a bunker. Eadie following him with his 3rd, so both got on the green with their next shot, and Eadie had a stroke. Powell picked up his ball, making Eadie 2 up.

6th.—Both reached the green in 3. Eadie just failed to hole his 2nd putt, but half-stymied his adversary who however managed to sink his ball and won the hole.

7th hole was divided in 6, Powell just missing the hole by half-an-inch.

8th.—Powell found lots of trouble, a good drive ending in a ditch, he got well out, but his 4th trickled

into a bunker guarding the green, he got well out running over into long grass ; he was again too strong and ran back into the same bunker and then picked up Eadie having reached the green in 4 and was down in 6.

9th.—Eadie drove a long ball, but reached a bunker. Powell topped his drive but also found a bunker which cost him 2 strokes. Eadie got well out but reached the cross bunker with his 3rd, which cost him 2 more, his approach was fluffed and he took 3 putts, whereas Powell got down in 2 and won the hole in 8 to 9.

10th.—Powell won this hole in bogey 6. Eadie through weak putting taking one more.

11th.—Powell pushed his drive out into the rough. Eadie's drive again being trapped, he got well out, but his next found a bunker guarding the green. Powell reached the green in 3, but just missed a downhill putt, he holed his next from 7 feet. Eadie lipped the hole and took one more, thus Powell got in front for the first time.

12th.—Eadie with a fine drive and excellent approach secured this hole in bogey 4 ; Powell just missing the hole for a half.

13th.—Both got long drives and found bunkers on both sides of the fairway, both got out but although Eadie took 4 to reach the green and Powell was on in 3, the former by better putting won the hole.

14th.—Both got well away from the tee and good seconds, but Eadie found the bunker guarding the green. Powell getting well on in like numbers. Eadie got well out and with his putt just missed the hole but stymied his opponent, but being within six inches Powell had it up and secured the hole.

15th.—Powell got a fine straight drive. Eadie pulled into some shrubs but made a fine recovery, getting level with his second, both reached the green in 5, but Powell got down in 3 putts to Eadie's 4 and so secured a half. Eadie receiving a stroke at this hole.

16th.—Both played this hole well and divided in bogey 4.

17th.—At the pond hole both drove short into rough and both were over the green with their second, Powell lipped the hole with his next while Eadie ran past the tin and Powell secured in 4 to 5.

18th.—This hole was divided in two over par leaving Powell one up at the end of the first round.

Approximate score: Powell 110, Eadie 109.

19th.—Powell started the 2nd round by topping his drive. Eadie got a fine straight ball and was on the green in 4 to Powell's 5. Eadie's putt hit his opponent's ball which greatly helped him to get down in 6. Eadie's second putt lipped the hole making Powell 2 up.

20th and 21st were both halved in one over bogey.

22nd.—Powell's drive cannoned off the bunker of the green into the pit. Eadie's drive landed on the green and ran across to the far edge but with a fine putt made sure of the hole in bogey 3. Powell requiring one more.

23rd.—Eadie out drove Powell but reached a bunker, but getting well out was level with Powell in two, neither tried to carry the stream, but Eadie secured the hole in 8 to 9 and did not require his stroke, this made them all square.

24th.—Eadie in approaching the green pulled his ball and found it caught up in a furze bush but with his next was not far from the pin. Powell got a long putt from the edge of the green to within six inches of the hole which was divided.

25th.—Eadie's drive was still on the tee a good second ended in the rough; his next found the stream which cost him another stroke. Powell getting well away over the bunker to the right and avoiding all the traps won the hole and again took the lead.

26th.—This hole went to Eadie—squaring the match once more.

27th.—Both played this hole well and halved in bogey, Powell running down a 15 foot putt.

28th and 29th.—These holes were also divided.

30th.—Eadie made no mistake and got down in 5 to 6.

31st.—Eadie seemed sure of this hole, but Powell

with a 10 yard putt was only four inches short and got down in an equal number.

32nd.—Powell struggled hard to win back this hole and another 10 yard downhill putt left him 3 feet past the pin, but his next lipped the hole and let Eadie in.

Eadie was now in the strong position of leading by 2 up and 4 to play with a stroke to come at the next hole.

33rd.—Both got long straight drives but Powell outdrove Eadie by 10 yards. Eadie found a bunker and was weak with his approach and failed twice with his uphill putts to reach the hole. Powell getting down in 6 to 9 got back one hole.

34th.—Powell topped his drive, but got a very fine second. Eadie pulled his drive over the 17th green but his next was weak, both failed to reach the green in 3. Powell got down in 2 putts to Eadie's 3 and so squared the match once more.

35th.—Powell at the short pond hole was too strong and ran over the green into the ditch. Eadie landed in the rough just over the water but was on the edge of the green in 2. Powell instead of lifting and losing a stroke, stood in the ditch and played his ball out of the mud and landed on the green, and with a fine putt laid dead. Eadie putted too strongly and his next just missed, letting Powell in and leaving him dormy—I.

36th.—Both got good drives at the last hole. Powell with a fine spoon shot almost reached the green. Eadie being trapped on the right but he got well out on to the green both got down in two putts and halved in 5, which left Powell the victor by one hole.

Score in 2nd round being : Powell 104, Eadie 106.

NOTIFICATIONS.

. Under this heading we shall be happy to insert notices of appointments, changes of address, etc., and holiday arrangements.

DR. C. E. WHEELER.

DR. C. E. WHEELER's telephone number is now 4537 Mayfair.
Address as before, 82, Wimpole Street, W.1.

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE first meeting of the Society was held on October 7th at the L.H.H. The President, Dr. Neatby, took the chair at 5.10. There was an excellent gathering of Fellows, Members and visitors. The President referred to the loss sustained by the Society through the deaths of Dr. Shackleton, Dr. Jones, and Dr. Murray, and votes of condolence were sent to the relatives of our honoured and much regretted colleagues. Dr. Burford gave a brief account of the International Council Meeting and its work and expectations, and there were also friendly communications to read from India, where a General Homœopathic Congress is being planned, and from Australia.

Dr. Victor Ellwood was elected a member of the Society, and a long list of candidates for election was an encouraging testimony to the success of the President's campaign of last year.

After this preliminary business the President delivered his opening address. It was concerned with the present position of Homœopathy and the responsibilities of its adherents. It was an earnest call to renewed work, full of hope and encouragement, stimulating and sympathetic. It was heard with deep interest and attention and the gratitude of the Society expressed in a vote of thanks, moved by Dr. Burford and seconded by Dr. C. E. Wheeler.

At 7.30 the Society met at the Russell Hotel for the very pleasant purpose of entertaining the President to dinner. Dr. Wheeler was in the chair, and the gathering was large and representative. After the toast of the King, the only toast was that of the President of the Society. Dr. Wheeler proposed it, and Dr. Neild seconded, and Dr. Neatby replied. It was thereafter decided to continue the Dinner Club throughout the session, and Dr. Powell once more laid members under a deep obligation by continuing to serve as organiser.

Altogether it was generally felt that the Session had had an auspicious beginning.

HOSPITALS AND DISPENSARIES.

BIRMINGHAM.

THE seventy-second report of homœopathic activities at Birmingham reaches us rather late but shows a steady continuance of the excellent work which we have come confidently to expect from the Midlands. In-patients and out-patients have both been slightly more numerous than in the previous year, and as the death-rate for in-patients is more than halved and is actually under two per cent., there can be no question of the success of our colleagues.

Financially there is a small deficit, but much needed repair work has had to be done, and as with all of us the cost of living has risen. The Hospital Sunday and Saturday funds have helped, the latter especially, and there have been some timely legacies. Altogether considering all the difficulties we think our friends at Birmingham are most heartily to be congratulated and our best wishes go out to them for continued success and prosperity.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1

RECEIPTS FROM 16TH SEPT. TO 15TH OCT., 1920. GENERAL FUND.

<i>Subscriptions.</i>						£	s.	d.
Dr. T. E. Purdom	1	1	0
Mrs. Gosling	1	1	0
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Dr. Croucher	1	1	0
Dr. T. Simpson	1	1	0
Frank Weston, Esq.	1	1	0
Dr. Leo Rowse	1	1	0
E. Ford Duncanson, Esq.	2	2	0

A meeting of the Council was held at Chalmers House, on Tuesday, 12th October, at 4.30 p.m. A report from the Executive Committee for the past

quarter was received, and new Members of the Association were elected.

A meeting of the Beit Research Fund Committee was held, following the above Council Meeting. Reports on the investigations into (a) the Influence of Very Small Proportions of Invertase on Cane Sugar, and (b) the Influence of Very Small Quantities of Certain Drugs upon the Activity of the Lactic Acid Bacillus, which were planned and conducted by Dr. C. E. Wheeler and Dr. S. Judd Lewis, on behalf of the Beit Research Fund Committee of the B.H.A., were received, together with a Commentary on each of the above experiments by Dr. C. E. Wheeler.

A meeting of the Executive Committee was held on Wednesday, the 20th October, at 4.30 p.m.

On Thursday, October 14th, at 5 p.m., the Introductory Address to the Educational Course of Lectures for the Winter Session, 1920-21, was delivered to a good audience by Dr. Percy Hall-Smith in the Board Room of the London Homœopathic Hospital. The lecture was given under the auspices of the B.H.A., and the subject was "Homœopathy—Its Present Status and Future Possibilities."

The chair on this occasion was taken by Mr. R. Henryson Caird, and Mr. James Urquhart, one of the Honyman Gillespie Trustees, was present. A vote of thanks to the lecturer was proposed by Mr. Urquhart, seconded by Mr. Caird, and warmly accorded.

OBITUARY.

DR. JESSIE MURRAY.

LATE in September, after a long and painful illness endured with gallant and cheerful courage, Jessie Murray ended her life. It was all too early for those who loved her and for those who confidently looked to her for years of inspiring work, but the burden of her illness was a heavy one and no one could wish that the hard struggle should have been further prolonged. At least we have the memory of her to comfort and inspire.

Dr. Murray's life-story was that of a fight for knowledge and position against unusual difficulties, all triumphantly surmounted, and the same patience, courage, energy and ability that enabled her to make herself the highly accomplished physician that she was, enabled her also to make her mark among her contemporaries and win the success which she valued mainly as a widening of her opportunities for service. Perhaps her most marked mental characteristic was her eagerness to leave no avenue unexplored which might lead to increased power over disease. It was this readiness to enquire which brought her to the homœopathic hospital to the Honyman Gillespie and Burnett lectures. She was quite suitably sceptical at first, and demanded a rigorous and searching examination of Homœopathy, but it was characteristic of her that, once convinced, nothing but the fullest knowledge would satisfy her. She went to America in the first place to study Psychology (to which she was drawn very early), but took advantage of residence in Chicago also to take a full course in the Kent School of Homœopathy. Ever afterwards she remained convinced of the truth of the Hahnemannian doctrines and practised them with success. Her original bent towards Psychology, however, remained the strongest of her numerous mental interests, and she soon became an exponent of Psycho-Therapy in the modern acceptation of the term. To this branch of medicine she thenceforward devoted most of her energies, and it is in this field that she will be sorely missed. Both as researcher and as therapist she gave royally of time and skill and energy, and in both fields she reaped fine harvests. Then grave illness fell on her in the midst of her busy life of achievement and promise. With indomitable courage she faced and fought it, but in the end the power of it was too great, and now the battle is ended.

And yet out of our apparent loss and defeat we may still pluck victory and gain. If those who knew and honoured her can remember and draw from their memories the faith and courage and hope which in life she never failed to give, then indeed, she will not have lived in vain, and "we who loved weep not to-day."

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REGISTRY OF PRACTITIONERS AND PRACTICES.

Medical practitioners seeking, or wishing to dispose of, a practice, or requiring partners, assistants, or a *locum tenens*, should communicate with the *Secretary of the British Homœopathic Association (Incor.)*, 43, *Russell Square, W.C.1*, where a Register is kept whereby the Association is oftentimes enabled to give assistance to such needs.

MEDICAL AND SURGICAL WORKS PUBLISHED DURING THE PAST MONTH.

(The Homœopathic Publishing Co., 12, Warwick Lane, E.C.4, will supply any of the undermentioned works upon receipt of published price and cost of postage).

Baillière's Nurses' Complete Medical Dictionary. Edited by Constance M. Douthwaite. 18mo. pp. 206. n. 3s.

Ballance (Sir Charles A.) The Bradshaw Lecture on the Surgery of the Heart, delivered before the Royal College of Surgeons, December 11, 1919. 8vo, pp. 154. n. 10s. 6d.

Clayton (E. Bellis). Medical Gymnastics in Medicine and Surgery. Cr. 8vo, n. 5s.

Fothergill (W. E.) A Handbook for Midwives and Maternity Nurses. 8vo, pp. 288. n. 10s.

Ker (Claude Buchanan). Infectious Diseases. A Practical Text-Book. Royal 8vo, pp. 639. n. 47s.

Leblanc (R.) Venereal Disease and its Prevention. Cr. 8vo, pp. 158. n. 7s. 6d.

Martindale (W. Harrison) and Westcott (W. Wynn). The Extra Pharmacopœia, 17th edition. In 2 vols. Vol. I. 18mo. pp. 1,154. n. 27s. 6d.

Todd (Alan H.) Lectures on Surgery to Nurses. Cr. 8vo. n. 7s. 6d.

Woodward (A. S.) Manual of Medicine. Cr. 8vo, pp. 500. n. 16s.

JUST PUBLISHED.

AN INTRODUCTION TO THE
Principles & Practice of Homœopathy

By **CHARLES E. WHEELER, M.D., B.S., B.Sc. (Lond.).**
Editor of the Homœopathic World.

THE HOMŒOPATHIC PUBLISHING COMPANY, 12, WARWICK LANE, E.C.4.

TO CONTRIBUTORS & CORRESPONDENTS.

ALL literary matters, Reports of Hospitals, Dispensaries, Societies, and Books for Review, should be sent to Dr. C. E. WHEELER, 71, Harley Street, W.1.

Letters to the Editor, requiring personal reply should be accompanied by a stamped directed envelope.

All advertisement and business communications to be sent to the "MANAGER" of the Homœopathic Publishing Company, 12, Warwick Lane, Paternoster Row, London, E.C.4.

LITERARY matter and correspondence should be sent to us not later than the 12th of each month. Proofs will be sent to contributors, who are requested to correct the same and return to the Editor as early as possible.

Reprints of articles can be ordered from the publishers, on application not later than eight days after publication.

CORRESPONDENTS.

Dr. Burford, London—Mr Knight, Ilchester—Dr. E. A. Neathy, London—Mr. Eadie, London—Messrs. Bury, Manchester—Dr. Baudry, Paris—Dr. Hughes, Exeter.

BOOKS AND JOURNALS RECEIVED.

Med. Times.—Med. Advance.—Journal B.H.S.—Calcutta Jour. of Med.—Fran Homœopatiens Värld.—Indian Homœopathic Reporter.—Homœopathisch Tijdschrift.—North American Journal of Homœopathy.—Revista Homœopatica Practica—Annaes de Medicina Homœopathica—Journal A. I. H. — Homœo Recorder.—Medical Therapeutics Rabe.

The Homœopathic World.

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COUNCIL AND CONGRESS.

NEWS AND NOTES.

Dr. Shackleton and Dr. Jones.
A Pocket Book

President's Address to the British Homœopathic Congress.

International Homœopathic Council Meeting at the Hague, August, 1920.

Henry Shackleton, M.D., *Natus* 1847—*Obiit* 1920.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED):

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Varieties.

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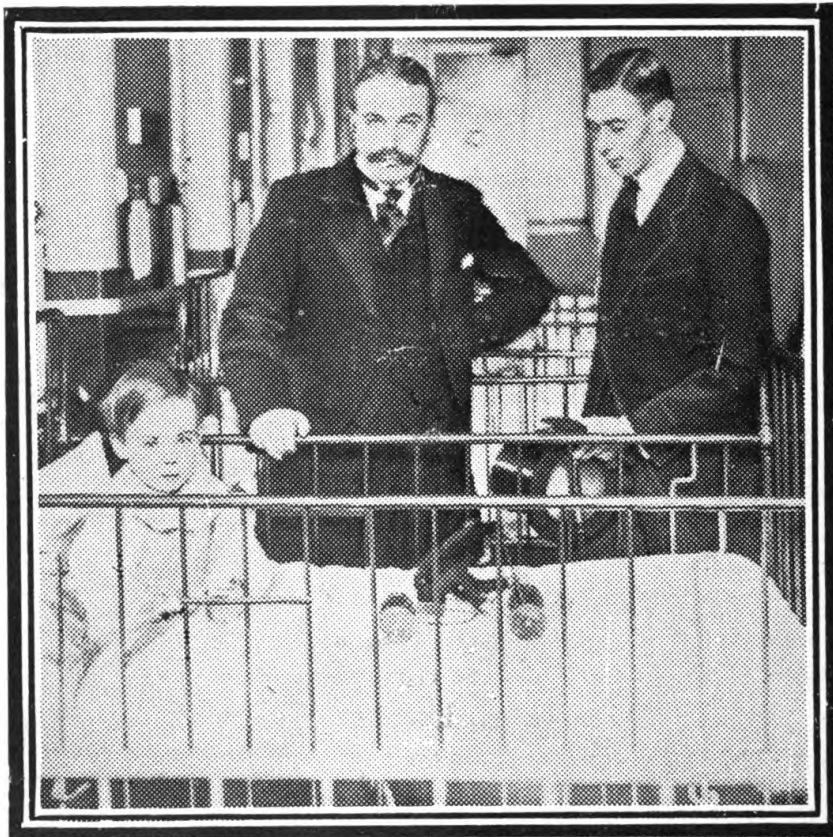
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THE VISIT OF THE DUKE OF YORK TO THE
LONDON HOMŒOPATHIC HOSPITAL.

THE HOMŒOPATHIC WORLD.

DECEMBER 1, 1920.

1921.

As is our custom at the end of the year, we propose to look forward and consider the plans for the next twelve months.

The general policy of the WORLD will remain unaltered. We deeply regret that the price of each number has had to be raised to ninepence, but as far as in us lies, we will endeavour to give value for the increased sum. We receive now and then complaints that the WORLD addresses the physician too exclusively. To these critics we can only reply, that exigencies of expense have diminished our available space and that as the WORLD is primarily a medical journal we have had to consider first the public which we must regard as the more important. But we are not unmindful of our lay readers, and promise that they shall be considered to the utmost of our ability. Particularly we hope to keep readers well acquainted with the International aspects of Homœopathy and if the British Homœopathic Association is able to increase its work all these activities will be duly reported. We urge upon the lay readers of this journal that the B.H.A. is their organ of expression. If they would make of that what they might, they could then have a journal all of their own.

We shall continue Dr. Salzer's *Materia Medica* work; it is difficult to read, but invaluable to future repertory makers. Articles of interest from America, where there is a great stirring of Homœopathic energies, we shall quote or reprint gratefully, and we expect to

obtain from our English colleagues much material of interest and abiding value. The outside world is slow to adjust itself to the new conditions, but the smaller world of Homœopathy should soon succeed in making and keeping its fit and proper place.

NEWS AND NOTES.

A RISE IN PRICE.

WE much regret that the increased cost of paper, printing and expenses of production necessitates a rise in the price of "THE HOMŒOPATHIC WORLD." From January, 1921, the price will be ninepence a month—10s. a year post free. We can only add that we shall do our best to give value for the money.

H.R.H. THE DUKE OF YORK VISITS THE LONDON HOMŒOPATHIC HOSPITAL.

THE Duke of York, attended by Wing Commander Louis Greig, paid a visit of inspection in the afternoon of November 3rd, to the London Homœopathic Hospital in Great Ormond Street, and spent some time among the patients in the various wards.

His Royal Highness was received by Major-General Lord Cheylesmore, the President of the Hospital, the Secretary and the Matron, and was conducted to the Board Room, past a guard of honour supplied by sisters and nurses of the Hospital, several wearing the R.R.C. decoration and Hospital Service medals.

The Secretary, Major Attwood, and the Matron, Miss Robinson, R.R.C., having been presented, His Royal Highness asked for the Sisters to be presented to him, which was done by the Matron, and gave great pleasure to all of them.

Proceeding to the Board Room, the Treasurer, Lord Donoughmore, the Chairman, Mr. R. H. Caird, J.P., Dr. John Weir, one of the physicians (in the absence of Dr. C. E. Wheeler the Senior Physician), and Mrs. Balfour Williamson, a lady member of the Board of Management, were presented, and then the Duke visited the

Barton Medical Children's Ward, the Queen Alexander Surgical Children's Ward, the Ryland's Ward, where Dr. Edwin Neatby, the Senior Gynæcological Physician, was presented to His Royal Highness, the Dysart Ward, the Ebury Ward, the Durning Ward, where Mr. James Johnstone, the Senior Surgeon, was presented to the Duke), the King Edward Ward, the Quinn Ward, and the Bayes Ward (where Dr. Giles F. Goldsbrough was presented), and the Hahnemann Ward.

The Duke was informed that the Alexandra Ward was so named by gracious consent of Queen Alexandra on completion of an appeal for £16,675 as a commemoration of the fiftieth anniversary of her Majesty's arrival in England, and to perpetuate in that Hospital the Queen Mother's devotion to the Empire and to humanity, together with her practical and sympathetic help to the cause of voluntary hospitals.

The Barton Ward was named after the second treasurer of the Hospital, and the Dysart Ward after the Earl of Dysart, who gave over £13,000 to the Fund.

The Ebury Ward was named after Lord Ebury, a former Chairman of the Board of Management, who rendered yeoman service in the House of Lords to the cause of Homœopathy; and the Durning Ward after Miss Durning-Smith, whose benefactions exceeded £20,000; the King Edward VII. Ward was named on completion of an appeal for £13,670, in reverential memory of King Edward VII., Lover of Peace and of the healing Arts, 1910.

It was explained to the Royal visitor that of 123 hospitals in London, 84 were junior to the London Homœopathic Hospital.

The Duke's visits to the Wards were marked by deep sympathy for and keen interest in the patients.

In the Durning Ward he chatted with Private Bullock, of the R.F.A., who served with the Prince of Wales at Bethune, and was recently successfully operated upon for gastric ulcer; also with Private Elmes, Grenadier Guards, and Private Skinner of the Queens, all patients in the Hospital under the Ministry of Pensions.

He also talked with other soldiers, and was then

conducted to the Out-Patient Department, when, so soon as it became known the Duke was present, the patients cheered him, and His Royal Highness brought pleasure to many a patient by shaking hands with them, and, after signing the Visitors' Book, on taking his departure, declared his keen interest in all he had seen, and his hope that the hospital would be generously supported.

In common with other hospitals, the London Homœopathic Hospital is just now beset by financial difficulties. The Hospital is suffering from the enormous increase in the cost of food, in rates, and in practically every overhead charge which have so affected the institution that its debt to its Bankers is no less than £12,000.

It is making an appeal for funds. The deficit on each month's working since last January has been £1,000, this position having been created by heavily increased expenditure. An emergency grant of £3,500 has been made by King Edward's Hospital Fund to enable it to continue its work for the next few months, and the same fund had promised £1,250 to the £7,690 urgently needed to carry out the following repairs :

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if the whole amount asked for is raised.

HOMŒOPATHY IN THE "NATIONAL REVIEW."

THE *National Review* for November contains an admirable article on Homœopathy by Major McKenzie. We beg our readers to obtain and study it, and to send their opinions on it, regarded as possible propaganda, to the B.H.A., Secretary, at 43, Russell Square, W.C.1.

ORIGINAL COMMUNICATIONS.

THE IDEALISM OF HOMŒOPATHY.

THE PRESIDENTIAL ADDRESS AT THE MEETING OF THE
INTERNATIONAL HOMŒOPATHIC COUNCIL AT THE
HAGUE, AUGUST 27TH, 1920.

By JOHN P. SUTHERLAND, M.D., Boston, Mass., U.S.A.

GENTLEMEN : Members of the International Homœo-
pathic Council.

Greetings.

It is my highly-prized privilege and duty to call to
order the first meeting of the Council since civilisation
was rent to its foundations by a fratricidal strife
unequalled for ferocity and destructiveness, and
unsurpassed in the history of mankind for heroism and
superb co-operation. Before declaring the meeting
ready for the transaction of business, it might be well
for us to consider some of the purposes of our coming
together, and to turn our thoughts temporarily to the
special reasons for our existence as a representative
body.

PURPOSES OF THE COUNCIL.

- (1) *To ascertain as nearly as possible the world-status
of homœopathy.*
- (2) *To reconstruct and re-vitalise the homœopathic
body and politics.*
- (3) *To gather vigorous strength and renew enthusiasm
for the work that lies ahead of us.*
- (4) *To devise ways and means for associating more
closely together the disjointed and scattered members of
our fraternity.*
- (5) *To formulate and adopt plans which will more
thoroughly than ever establish firmly the foundations of
homœopathy in the opinion of the medical profession in
general and increase its popularity among the laity.*
- (6) *To demonstrate our confidence in the possession of
a therapeutic method that is of inestimable worth to
humanity.*
- (7) *To renew and solidify personal friendships and
fraternal esteem.*

REASONS FOR OUR EXISTENCE.

Some of these will be discussed in a consideration of—

- (1) *The idealism of homœopathy.*
- (2) *The relationship of homœopathy to the Medical Sciences and Arts.*
- (3) *The question, Has homœopathy fulfilled its mission?*
- (4) *A neglected duty towards Hahnemann to whom we owe the evolution of a curative pharmaco-therapeutics, and—*
- (5) *Proposed means for continuing the growth of homœopathy and perpetuating the knowledge of its principles and practice.*

THE IDEALISM OF HOMŒOPATHY.

In using the word "Idealism," I do not intend to travel into the realm of transcendental philosophy, for it is not my intention to wander too far from the practical. By the use of the word "Idealism" I am thinking of an "effort to realise the highest type of anything" or of "conforming as completely as possible to a standard of perfection." We need not trouble our minds about the Platonic, Cartesian, or Kantian definition of the ideal.

According to my conception it is not too much to claim that ideals rule the world. These ideals may be high, or they may be low, but humanity according to its vision is everywhere striving after the ideal. The past five years have seen more idealism in the world than any preceding similar length of time. The terrible and sanguinary conflict which has just closed was a war of ideals. On the one side there was the idealism of the superman, the irresponsibility of the State, the sacrifice of individuality, and the ideal that might makes right; while on the other there was an idealism of justice, of law, order, individual freedom, honour, liberty, co-operation, universal brotherhood, etc. Even in the present disturbed condition of humanity, in the restlessness and strivings of mankind, there is a reaching out after a something that is considered "higher"—an unattained ideal.

The question immediately before us is, Has homœopathy any idealism, or is it simply a humdrum method

of practice without special standards? Some of us have not lived long enough yet to have lost our ideals, although it is to be hoped that some of our ideals have changed with the passing of time. We certainly have not outlived the necessity for ideals, and we must persistently strive to have our lives measure up to a high conception of efficiency and usefulness.

Let us look at homœopathy with some of these thoughts in mind. Homœopathy is a method of treating sick people. It is a specialty in pharmacotherapeutics, but in the light of its founder it is more than this. From what source shall we derive a knowledge of homœopathy? To whom shall we go? It would seem natural to turn to Hahnemann himself, and not to his followers or his critics; but it is a curious thing that many of our colleagues have obtained their ideas of homœopathy from some of Hahnemann's disciples. There have been many interpreters and expounders of homœopathic principles, from Boeninghausen to Kent. There was a gigantic British trio, Drysdale, Dudgeon, and Hughes, and in America we have had Dunham, Hempel, Allen, Hering, Lilienthal, Farrington, and many others—scholars of the first magnitude; but from the standpoint of ripe scholarship and a logical mind, Hahnemann stands out head and shoulders above the tallest of our race.

The point I wish to make is this. If we wish to know anything about homœopathy, Hahnemann certainly is the one to go to for this knowledge. In the "Lesser Writings," in the "Chronic Diseases," "Materia Medica Pura," and the "Organon," we shall find very clearly and very definitely all there is to be known about the evolution and the principles of homœopathy.

What does Hahnemann say to us, then, in answer to the question "Has homœopathy an idealism different from, or higher than that possessed by traditional medicine?" Let Hahnemann speak through the "Organon," the most unique piece of medical literature in existence.

As you know, from 1810 to 1833 Hahnemann issued five editions of the "Organon," of which there have been many translations. In America the editions have been

exhausted, but we have to thank Dr. C. E. Wheeler of London, for having presented us within a short time a very readable and most satisfactory translation of the first edition, which was published for Everyman's Library, and which has not yet been wholly exhausted. We are more familiar with the fifth edition, translated in England by Dr. Dudgeon, and in America by Dr. Conrad Wesselhoeft, than with the others, and the references here will be made to this fifth edition. The Wesselhoeft edition has the advantage of presenting Hahnemann's ideas in shorter sentences than the original, while not in any way departing from the sense of the letter.

We shall find on thoughtful reading that the first paragraph of the "Organon" contains an idealism that is not equalled elsewhere in medical literature. It forms the foundation upon which homœopathy itself is based. The paragraph is so simple that its idealism is not at first apparent. The paragraph reads, "the physician's highest and *only* calling is to restore health to the sick, which is called healing." The idea, therefore, is that the physician's highest calling is to heal, or to cure, or to restore to health. It is *not* his highest calling to palliate. It is not the physician's first duty to please his patient. It is not the physician's highest duty to make a diagnosis, even if a clever and brilliant one. It is not to study the etiology of disease. It is not to delude himself and deceive his patient with palliation, when a real *cure* is possible. It is not his highest duty to make more calls in a day than his colleague can make, or to see a large number of patients in a short time, or to make a reputation for himself, or to roll up a big bank account, or to excel in golf or amateur theatricals, or to be a leader in society. It means that the physician will not be content with empirical means when he has at hand a method that is more specific. It means that he willingly and unselfishly devotes all his skill to accomplishing a real *cure*. It means that he leaves research work and original investigation to those specially trained and equipped for research work, or takes part in it as a side issue only. It means that individual pleasure and comfort, as well as social, political and other duties, are

to be subordinated to the one great object of *curing* his patient. In its essence this ideal purpose reaches quite as high as does the Hippocratic oath, which in my estimation is the only thing in medical literature that approaches it.

The second paragraph continues the idealism in claiming that "the highest aim of healing is the speedy, gentle and permanent restitution of health . . . in the shortest, most reliable, and safest manner. . . ." This is again reminiscent of the oath of Hippocrates, which holds that the physician should use his utmost effort "to heal without prolonging the malady."

It is well for us to ask ourselves occasionally if we live up to this idealism. Is it our prime object, our first and most earnest thought and desire to *cure* the patient who applies to us for advice and help; to restore him to perfect health in the shortest possible time and by the safest and most reasonable means? We may find assistance in our efforts to do so by a clear comprehension of the idealism of paragraph three, which to my mind is one of the most significant paragraphs ever written in medicine. Hahnemann claims that in order to cure speedily, gently, and permanently in the shortest, most reliable and safest manner, it is absolutely essential that the physician should possess all attainable knowledge concerning four things:

(1) He must know all that is to be known concerning diseases—what is curable in disease in general, and each case in particular; and that means that the physician must know all that is to be known of etiology, bacteriology, pathology, and diagnosis, including modern laboratory technique, as well as prognosis. This is not a low standard or a light requirement, and it does away wholly with the unfounded criticism which formerly was frequently made of homœopathy, that it cared not for pathology, that it considered only symptomatology.

(2) The physician's knowledge must include a "perfect knowledge of medicinal power." That is, he must be thoroughly acquainted with drug action. This includes toxicology and drug pathogenesis, and makes an enormous demand upon the possibilities of the human brain. This single ideal has never been

reached, and failures here form a very weak spot in the physician's armour.

(3) The physician must know how to adapt his knowledge of drug action to what he has recognised as morbid in his patient. That is, he must possess a perfect knowledge of pharmaco-therapy. Here again, is an enormous demand. A demand which is inadequately met even by the closest prescriber.

(4) Finally, in recognition of the fact that one's knowledge of disease, and his knowledge of drugs, plus his knowledge of pharmaco-therapy, is not sufficient always to cure his patient, the physician must possess the power of recognising the *obstacles in the way of recovery and how to remove them*. It is unnecessary at this time to bring forward illustrations, for they abound in the experience of all physicians who are engaged in general practice. It is enough to claim with Hahnemann, that it is only when the physician possesses complete knowledge of these four subjects that he is prepared to act as a "true master" of the art of healing.

While holding to the lofty aim of cure, Hahnemann permitted himself to think of preventive medicine, as is shown in the fourth paragraph of the "Organon," and in certain of his short essays (*vide* "Lesser Writings").

But there is something of more than passing interest in the fifth paragraph (repeated in para. 208), something that in Hahnemann's day at least was a very high idealism.

Recently there has been introduced into hospital work with loud acclaim what is known as "social service" work, wherein the worker is supposed to be of service to the physician in throwing light upon occult and difficult cases, by studying the social, domestic, and industrial relations of the patient. But over a century ago Hahnemann claimed that the physician in curing derives assistance from a knowledge of facts connected with the history of a case of chronic disease, more particularly the character of the patient's mind and temperament, his occupation, his mode of living and habits of life, his social and domestic relations—in short, it has taken the profession a full century to grow up to the idealism contained in this fifth paragraph of the

"Organon." Industrial and vocational medicine is becoming popular at the present time, and is looked upon as a wonderful development, but one is apt to forget, or may not even know, when the seed was planted, when it took root, or how it grew.

We now come to one of the most significant ideals in the "Organon." One which certainly is not appreciated by the profession at large, and which is not fully appreciated even by Hahnemann's followers; an idealism that has to do with the nature of disease itself. Hahnemann describes disease simply as an "aberration from the state of health," and he maintains most vigorously and convincingly that disease is a nonentity, that it is intangible—impalpable—invisible—and immaterial; that it is not a thing to be bled out, or sweated out, or purged out, or mechanically removed from the patient. Hahnemann was vehemently opposed to the materialistic doctrines of his day, and unquestionably would refuse to accept the mechanistic theory of life of our own day. One can see at a glance the effect such a conception must have upon one's practice. Instead of looking upon the end results as the disease, he considers the inner workings of the vital force which is the essential part of the individual. For instance, every physician knows that pneumonia is something more than a consolidated lung with concomitant symptoms; that scarlet fever is something more than a red rash, sore throat and fever; that measles and small pox are something more than characteristic eruptions; that epilepsy is more than a mere convulsion; that diabetes mellitus is more than glycosuria; that carcinoma is more than a neoplasm; and so on through the whole category of diseases.

Hahnemann claims that these symptoms of disease are simply indications of the disturbed inner life of the individual, and this is the thing to keep in mind in prescribing the curative treatment. According to Hahnemann, pain is not the disease, but only the result of the disease; colic is not the appendicitis, but only the result of this special inflammation. The most common cry of humanity, however, if pain is present, is to be relieved of the pain, not to be cured of the disease.

Hahnemann's conceptions of life, therefore (or of disease), were in accord with the most profound thought of the ages, and he boldly approaches the age-long question of life itself—"What is life?"—and applies his answer, that is his idealism, to the question of disease. He knew, as we all know, that the body is not the individual, the entity himself: that the flesh is not the essential thing. He says in paragraph 15 ". . . although the organism as material instrument serves for the purpose of life . . ." it is universally recognised that a man may be minus an eye, or ear, or tongue, an arm, or leg, or spleen, or stomach, or gall bladder, or other of the organs of the body which in these days are removed on account of some abnormality, and yet the man has not lost anything that makes his individuality, his essential self. It is known that the body is dying or going to pieces every moment, and that the matter of which it is composed is in itself inert, dead; that it must be vivified to be active. Blood discs, epithelial cells of the external and internal surfaces, and other cellular elements of the body are degenerating and ceasing to be active (living) every moment of time, but the man himself continues to exist as a "personality" without loss of his individual characteristics. It is widely acknowledged by scientists, philosophers, poets, by humanity generally, that the body is but the residence, the habitation of the indwelling "vital force" as Hahnemann called it, or the "pneuma," the "psyche," the "archæus," the "anima" of some of his medical predecessors, or the spirit or soul of more modern writers.

As sung by the Poet-Anatomist, Oliver Wendell Holmes, in his famous "The Chambered Nautilus":

Through the deep caves of thought I heard a voice
that sings:

"Build thee more stately mansions, O my soul,
As the swift seasons roll!
Leave thy low-vaulted past!
Let each new temple, nobler than the last,
Shut thee from heaven with a dome more vast,
Till thou at length art free,
Leaving thine outgrown shell by life's unresting sea!"

Another, and a very unique conception of Hahnemann's, a matter really of that simple, common-sense

observation that was one of his characteristics, has to do with drug action. The idea is one which has not yet permeated the thought of the medical profession and is foreign indeed to the thought of the laity. This conception or observation is that drugs are essentially pathogenic in their action : that they are sick-making, that is, that they are capable only of producing an "aberration from a state of health" which is Hahnemann's definition of disease. The physician in his efforts to cure his patient must know how to utilise this pathogenic power of drugs. According to the "Organon," paragraph 21 claims :

"It is then undeniable that the healing property of drugs is actually undiscernible in itself, and that even the purest experiments conducted by the most acute observer fail to reveal any peculiarities of drugs, marking them at once as medicines or healing remedies. It is possible only to recognise the power of drugs to produce distinct changes in the state of feeling of the human body, particularly of the *healthy human body*, and to excite numerous definite morbid symptoms in and about the same ; and it follows that, if drugs act as curative remedies, they exercise this curative power only by virtue of their faculty of altering bodily feelings through the production of peculiar symptoms. Consequently those morbid disturbances, called forth by drugs in the healthy body, must be accepted as the only possible revelation of their inherent curative power. Through them only we are able to discover what capacity of curing disease is possessed by each individual drug."

In paragraph 19 Hahnemann says ". . . we may readily understand how impossible it would be to cure diseases by medicines unless these possessed the power of altering the state of health . . ." ; and in paragraph 20 he says that this power of drugs to modify the health of man "cannot be comprehended by a mere effort of reason ; it is only through manifestations of their effect upon the state of health that this curative power of drugs is experienced and distinctly observed."

The conceptions or observations here set forth were *big* indeed for Hahnemann's day and lose nothing in magnitude even in this our own day. The ideas

involved should have been a death-blow to crude and unprogressive empiricism, for they lay the only foundation for pharmaco-therapy that scientifically can be laid. This instance of Hahnemann's insight has not yet been adequately recognised. It logically and directly led up to three things, which without other accomplishment were enough to immortalise the memory of their originator :

(1) The study of drug action upon healthy humans—for short called "provings" in the language of Homœopathy.

(2) The establishment of the idea that drugs are *pathogenic*, and it is this pathogenic power only that must and can be utilised therapeutically ; and this laid—

(3) The foundation for the Science of Drug Pathogenesis, the only science upon which a pharmaco-therapeutics can be based.

With this comprehensive, logical and reasonable conception concerning disease and drug action ; with the idealism that the physician must possess all attainable knowledge, as outlined in paragraph 3 of the "Organon," Hahnemann attacks the subject of pharmaco-therapy. And it is here that he shows his sagacity and wisdom, his logical thought, his unusual power of discrimination and description, his relentless, analytical acumen, his convincing reasoning and his constructive energy. It is here also that by his keen, just, but cutting criticism of the "medicine" of his day and the therapeutics which had prevailed throughout the preceding centuries from the dawn of medical history, that he brought upon his devoted head the abuse, the persecution and the hatred of his contemporaries.

According to Hahnemann (*vide* "Organon" paragraphs 52-62) there are three principles upon which drugs may be prescribed in the treatment of the sick. These principles he describes, illustrates, criticises, condemns, extols, as the case may be, in the "Organon," its "Introduction," in his essay "Æsculapius in the Balance," and elsewhere in his writings. For present purposes let me briefly refer to these methods as follows :—

(1) The Galenical principle of *contraria contrariis*—the antipathic or palliative principle. According to this method a pain is antagonised by an analgesic ; a fever by a febrifuge ; a cough or nervousness by a sedative ; insomnia by a hypnotic ; constipation by a cathartic ; diarrhœa by an astringent ; weakness by a tonic ; acidity by an alkali, etc. This is a simplified, natural, popular and wholly irrational and ineffective way of treating sick people, if the object of the treatment is what it should be, *cure* and not mere palliation, which often actually interferes with a cure. Palliation under certain pathetic conditions may be the only possibility, and the physician must be willing to avail himself of all reasonable palliative measures, but he should use them intelligently and intentionally, without deceiving himself as to his purpose.

(2) Another principle, the heteropathic, or allopathic, is essentially empirical in its nature and frequently has an assumed etiological factor or a pathological theory as its point of attack, its search for "specifics" having proved a disastrous failure. It has the support of antiquity, but one of its main characteristics is its mutability. In the name of Progress, without apology for past inefficiency, it changes its tactics with every change of theory, or new acquisition of knowledge, and has finally reached a stage bordering on nihilism in things pharmaco-therapeutical. At the best the principle bears no pathical relationship to the condition under treatment, and in general simply *adds an artificial or drug-produced condition to the existing disease, thereby increasing or doubling the burden Nature already is carrying*. The administration of a cathartic to remove the assumed cause of headache is a familiar example. The exhibition of aspirin or of quinine to cure a "cold" is an instance of what might be called "free-hand" heteropathic prescribing.

The homœopathist is puzzled by the obstinate refusal of the dominant, self-styled "rational" and "scientific" (Allopathic) school to dispassionately investigate the claims and principles of homœopathy when the "rational" practitioner is so poverty-stricken in his pharmaco-therapeutic resources as to resort to the use

of a proprietary medicine in a very large percentage of his cases. It was a "druggist" from the city of Lynn, who testifying before a special committee of the Massachusetts State Legislature in March, 1920, said that during the influenza epidemic which created such havoc in 1918-1919 he put up over 2,000 prescriptions, 91 per cent. of which called for aspirin. Surely something of homœopathic idealism and knowledge is needed by such prescribers.

(3) The third and remaining pharmaco-therapeutical principle is the homœopathic, in accordance with which a drug is administered primarily to cure conditions similar to conditions the drug itself is capable of producing when taken by healthy persons. For instance, ipecac, apomorphia or kreasotum will be prescribed for the kind of nausea and vomiting these drugs are capable of exciting in appropriate doses in healthy people. Calomel, podophyllum, aloes, etc., will be given to patients suffering from the kind of diarrhœa these drugs are able to produce. Phosphorus, antimonium tartaricum, or iodine will be exhibited in various pulmonary conditions most similar to their pathogenetic records. Arnica, colchicum, bryonia are given to those patients suffering from the complex of symptoms resembling the symptoms of myalgia or arthritis these drugs have shown themselves capable of producing in healthy people. Cimicifuga, sanguinaria, gelsemium, glonoine, etc., would each be given to cure the particular kind of headache each can produce in the healthy.

Examples might be multiplied to the point of becoming wearisome, but enough illustrations have been given to show that homœopathy has a very definite method of procedure, a guiding rule, a fixed and explicit formula, by means of which a prescription may be made with the expectation of gently reinforcing Nature's reaction against a disease-producing influence, thereby hastening recovery.

Finally, in one other particular Hahnemann's practicality leads him almost into the realm of the ideal, and in this particular the medical profession as a whole is ages behind him in breadth of vision. When classifying diseases (para. 73 *et seq.*) he claims that the great group

of acute diseases (epidemic and contagious) are self-limited in nature, and "if left to themselves, they will, within a limited period, terminate in recovery or death, as the case may be." That is, they are not very materially affected by drug treatment. Some conditions are so mild "a slight change of diet, and habits of living, generally suffices to remove them" (para. 150). Other cases require "psychical treatment" (para. 226); still others require removal to a "mountainous region" if the difficulty originated in a marshy district (para. 238). In note 63 to para. 67, the necessary use of "palliatives," of "stimulants," of "antidotes" to poisoning are referred to. Some diseases are recognised as "subject to the manual skill of surgery" (para. 13) and more particularly in para. 186 may be found a list of typical conditions which "require mechanical skill" and "properly belong to surgery alone." In brief, Hahnemann makes a plea for chronic diseases and claims that it is in the great class of chronic diseases that incline neither to spontaneous cure nor to dissolution that medicine has its great excuse for existence and opportunity to prove its worth. It is among these chronic diseases, no two of which are alike, where individual traits and characteristics are most in evidence, that homœopathy with its invariable "*Similia similibus curentur*" as a guide, is able to apply its beneficent curative resources with a certainty that is not possible to either the antipathic or the heteropathic principle.

It is in this great class of cases, therefore, that tend neither to spontaneous cure nor to dissolution that medicine as a pharmaco-therapeutic procedure is to win its laurels, or meet its doom in defeat. It is in this field that the physician's tact, his patience, sympathy and skill, his adaptability, his wisdom, knowledge and all around ability are tried to their utmost, and it is here that results, with a satisfactory degree of accuracy, may be attributed to the means utilised.

It is for each one of us to familiarise himself thoroughly with the whole of medicine, to be content with nothing short of the idealism of the third paragraph of the "Organon," to act always with the intelligence

demanding by Hahnemann and to aim in the treatment of our patients at nothing short of a real cure—a full and complete restoration to health.

So much, all too inadequately, for the idealism of homœopathy. It is not intended to convey the impression that homœopathy is the all-in-all of medicine ; that there is nothing else for the physician to think of. This idea would be decidedly contrary to the third paragraph of the “ Organon.” Homœopathy is a distinct and definite part of medicine, and it is wise to clearly and positively demonstrate the—

RELATIONSHIP OF HOMŒOPATHY TO THE MEDICAL SCIENCES AND ARTS

in order to have a correct conception for ourselves and to remove somewhat prevalent misapprehensions from the minds of the laity and the profession.

This relationship may be graphically shown by means of a chart which indicates at a glance the particular niche occupied by homœopathy

Homœopathy utilises to the utmost all the fundamental medical sciences and has added thereto the science of drug pathogenesis as the *sine qua non* of pharmaco-therapeutics.

The schematic presentation of twentieth century medicine here offered gives a bird's eye view of medicine, which may be of service to us in our deliberations. No extended explanation is needed.

It should be remembered, however, that a century ago medical art consisted chiefly in the administration of drugs ; that during the century more radical changes have been introduced than during the whole of the preceding historical era ; that many of these innovations have made profound impressions upon pharmaco-therapy ; that physical, psychic, dietetic and drugless methods of treatment have influenced to a greater or lesser extent the age-long habit of relying exclusively upon drugs—and it should be remembered that even to-day, with all the modern wealth of knowledge and variety of means at our disposal, the *Art of Healing* is far from a perfected art.

A SCHEMATIC VIEW
OF THE POSITION OF HOMŒOPATHY
AMONG THE MEDICAL ARTS AND SCIENCES.

20th Century Medicine	HEALING ARTS	PHARMACO-THERAPY	{ Antipathic Method (Palliative) Heteropathic Method (Empirical)			
			HOMŒOPATHIC METHOD (CURATIVE)	{ <i>The Rule of Similars</i> <i>Drug Provings (Human)</i> <i>Single Remedy</i> <i>Minimum Dose</i> <i>Totality of Symptom</i>		
		Psycho-Therapy				
		{ Charcot Hypnotism Bernheim Christian Science Freud Faith & Prayer Healing				
		Mechano-Therapy	{ Osteopathy .. Vibrations, &c. Chiro-Practice Corrective Gymnastics			
			{ Massage (Balneology)			
		Hydro-Therapy				
		Serum-Vaccine and Immune-Therapy				
		Electro-Therapy	{ Galvanism .. Faradism High Frequency Sinusoidal, &c.			
			{ X-Ray			
	MEDICAL SCIENCES	Radio-Therapy ..	{ Radium Photo-Therapy (Actinic rays, &c.)			
			{ Bier Method, &c. Salvarsan, &c. (Including orthopædic)			
		Thermo-Therapy				
		Chemo-Therapy				
		SURGERY ..				
		Obstetrics				
		Ophthalmology				
		Diagnosis				
		DIETETICS				
		MEDICAL SCIENCES	{	Anatomy ..	Histology ..	Embryology
				Physiology ..	Psychology	
				Pathology ..	Bacteriology	
				Chemistry ..	Analytical	
					Physiological	
					Toxicology	
				Pharmacology ..	DRUG PATHOGENESY	

(To be continued.)

PERIODIC DRUG DISORDERS.

By the late LEOPOLD SALZER, M.D.

(continued from page 343).

PERIODIC EVENING DRUG FEVER.

CHILL (continued).

TOWARDS evening (or always worse towards evening), chilliness even when close to the fire; the head is affected and giddy, thirst, redness of the face and soft frequent pulse, above 100. While in bed, external

heat with internal chilliness : (Digitalis.) At last the heat increased, the skin became hot and dry, pulse frequent without thirst ; after midnight the skin became gradually moist and sweat broke out on the chest, abdomen and head. After two o'clock sleep with confused dreams ; in the next morning tongue coated, head dull, face pale, and always on rising there is a stitch extending through the head from below upwards : Plumb.

From the evening till midnight, feet icy cold : Psorin.

In the evening, as it becomes dark, painful paralytic sensations about the ligaments of the joints as in the commencement of a paroxysm of intermittent fever, with chilliness : Puls.

In the evening and at night, the hand and foot on one side are cold, on the other side hot : Puls. Rhus.

Very violent chill in the evening with external coldness without shivering and without thirst ; in the morning a sensation of heat as if sweat would break out (which does not), without thirst and without external heat though with hot hand and aversion to uncovering : Puls.

At about eight or nine o'clock, general chill with burning in the hands and feet, and external heat ; afterwards in bed, sweat till midnight : Ratanhia.

In the evening chilliness and heat ; the face seemed very hot, though the cheeks were cold to the touch and pale ; the breath came very hot from the mouth two afternoons in succession : Rhus tox.

About 5 p.m., stretching of the limbs, shivering over the whole body, with much thirst, cold hands, heat and redness of the face ; also again in the evening in bed, shivering ; in the morning, perspiration over the whole body, with pressure in the temples : Rhus tox.

In the evening, before going to sleep, sensation of chilliness in the back and in the posterior portion of the arms, extending down to the hips, several times, as if he were wrapped in cloth dipped in ice-cold water, for twenty minutes, after which he became warm ; after the second attack, swelling of the left tendon Achilles : Berberis.

In the evening chilliness, disappearing after lying down : Kali nitr.

In the evening violent chill, especially in the shoulders : Silic., Sarracen., Phosph.

Chilliness in the throat three or four times, in the evening, for five days : Sepia.

Very cold feet in the evening, mainly in bed ; after this had passed off, cold hands : Sepia.

Feverish attacks, mostly in the evening, consisting of coldness, troubles in the abdomen : Aran diad.

In the evening weary and sleepiness in all the limbs, with chilliness : Calc carb.

Frequent alternations of chill and heat in the evening ; dry heat in the face without redness, with chilliness ; after the heat, still more violent chill, cold creeping over the whole body ; profuse perspiration during sleep ; towards morning after waking he falls asleep again : Phosph ac.

Chilliness every evening before going to sleep ; perspiration, sometimes very profuse, every morning : Silic.

The legs, as far as the knees, and the feet icy cold in the evening : Silic.

Icy cold feet during the day, but at night, in bed, burning heat of the feet and hands, with drawing pain in the limbs as far as the knees : Silic.

Chilliness every evening ; in bed great warmth and sour perspiration in the morning : Sulph.

Chilliness for two hours every evening at eight o'clock, without heat, but afterwards, on waking at night, heat without thirst : Sulph.

Shiverings in the evening, followed by heat of the face and hands with thirst. (In another prover, shivering without subsequent heat) : Sulph.

Chilliness with headache in the evening, disappearing after lying down : Sulph.

Chilliness in the back in the evening without subsequent heat : Sulph.

Coldness of the feet, especially in the evening : Sulph.

Heat in the face, during the day, then every evening about 5 or 6, chilliness for half-an-hour, followed by heat all over, for an hour : Sulph.

Chilliness every evening from 6 to 7.30, with excessive heat of the body, dryness of the mouth and thirst : Thuja.

Shaking chill with pale sunken face, weak, rapid and irregular pulse, often with nausea and vomiting ; at last the pulse became large and full with general heat ; red face, puffed, followed by very restless sleep, with distressing dreams and exhaustion, followed at last by copious sweat. The whole attack usually lasted from eight to ten hours, generally began at the end of a day's work, continued throughout the night and ceased in the morning, so that the man was able to return to his work (of zinc smelting) : Zinc.

At 6 p.m. every other day, chilliness with weariness of the thighs and bruised feeling : Ars alb.

Every other day, in the evening, shivering with thirst, followed by very violent dry heat, so that she believed that fiery sparks were darting before her eyes, followed by a little sweat at night : Carb an.

Quotidian or tertian evening fever : Cedron.

Every other day, towards evening, chill over the whole body, without any thirst, with want of appetite ; sleeplessness and restless tossing about in bed : Alumina.

Every other evening chills commenced at 7 ; they caused him to start high up in his bed without any consecutive heat or sweat : Lycopod.

In one case (of the many febrile attacks occurring amongst the workers in Quinine factories, as a consequence of the inhaled cinchona bark dust), the fever assumed a tertian type and was cured by *Salicin*. There was another similar case which ceased (either spontaneously) or under the treatment of a weak quinine solution. (Heinigke's *Materia Medica*).

EVENING HEAT.

Evening fever : Ambra gris., Argent nitr., Ars alb., Asarum europ., Calc carb., Caustic., Fagopyr., Kali nitr., Petrol. Sabin., Stram., Zinc.

Evening exacerbation of fever : Acon., Alcohol.

Towards evening burning heat in head and face,

redness of cheeks with outpressing headache, at the same time rigor of the whole body : Acon.

Towards evening, dry heat in the face, with anxiety : Acon.

For many evenings heat in the face and lobules : Silic.

From 5 to 6, flushes of heat in the face, burning hot hands, dry tongue and agitated breath : Petrol.

Her face became very red every evening, with feverish heat : Puls.

Every evening, glowing heat of one or the other cheek, lasting two hours, without thirst : Phosph.

From 5 to 9 p.m., burning heat in the face, with glowing redness, great dryness in the mouth and great thirst, pressive headache and vibration before the eyes, causing vertigo, lachrymation : Platin.

At 5 p.m. head hot, feeling of fullness : Sepia.

Burning heat in the face towards evening : Eupion.

Violent heat in the head, three evenings in succession : Zinc.

Increased warmth of the cheeks and body, with pressive confused headache in the temples and sides of the forehead towards evening for three days in succession : Angustura.

Every evening about 7 p.m. (after sunset) heat, commencing in the head, where it is mostly felt, lasting till noon next day ; hands and feet continually hot, but worse in the evening ; the heat is better in open air : Sepia.

Face much heated in the evening, with heat in the head : Sepia.

Great heat in the head, with heat of the forehead, redness of the face, slight general heat, worse in the evening, with much thirst : Stannum.

Heat in the head in the evening, with cold feet : Sulph.

Flushes of heat over the cheeks for two hours several times in the evening, the pulse being 60, with feeling of dryness in the tongue, without thirst and without previous chilliness : Valeriana.

Attacks of flushes of heat, especially in the evening, with slight febrile restlessness and burning heat in the palms : Phosph.

Every evening feverish, hot palms and hot nape : Laches.

Especially in the evening, very hot hands and feet, with frequent violent tearing in the latter ; she does not know where to put her feet in order to find a cool spot : Laches.

In the evening heat in hands and feet : Ledum.

In the evening heat in the palms of the hands, soles of the feet, and in the face immediately after lying down (with thirst), afterwards sweat. Fourth evening, heat without thirst : Ammon mur.

Towards evening heat of the ears and hot (cedron, cold) red tip of the nose : Capsic.

In the evening flitting heat over the whole body, with thirst : Al cep.

Immediately after lying down in the evening, sensations of heat : Bry.

Quotidian evening fever, with great depression : Bufo.

Towards evening, orgasm of blood, with great sexual excitement : Clemat.

For several evenings dry heat with thirst, followed by colic and headache : Silic.

Every evening, through the night, dry heat with headache on the vertex and in the nape of the neck, lasting till noon : Graph.

Every evening violent fever with loss of appetite and headache : internal chill with external heat ; the febrile heat lasted all night : Laches.

From 4 p.m., through the night (three evenings in succession) burning febrile heat with almost unquenchable thirst, distressing headache and slight delirium : Hep sulph.

For several evenings in succession, feverish heat an hour and a half, accompanied by headache : Ammon carb.

Towards 8 p.m., feverish paroxysms every day (in some provers every other day) preceded by depressed spirits ; dullness of the senses and pressive headache at noon : cramps, then contracting and tearing pain in the upper and lower extremities, with a cold sensation in the hands and feet ; mouth dry, great thirst

and desire for cold water ; chills and shivering, sometimes very strong ; palpitation of the heart and hurried respiration, pulse weak and oppressed, followed by a sensation of dry heat and then of profuse perspiration, full and quick pulse, with animated red face, cold and pale in the apyrexia, thirst and desire for warm (in some, for cold) drinks, and discharge of large quantities of pale urine : Cedron.

At six o'clock in the evening, paroxysms of fever, great heat about the head, with cold feet and absence of thirst, intolerable headache with pressure from within outward, burning in the eyes, dryness in the nose and a burning hot sensation in the nose when taking an inspiration, feeling of debility and a bruised pain in all the limbs and weariness of the mind ; restless, almost sleepless nights, owing to vivid dreams and dry heat of the body ; during his morning slumber a general sweat broke out, which alleviated his sufferings. This paroxysm of fever returned the two following evenings, but in a lesser degree : Rhodod.

In the evening between 5 and 6, and especially after lying down, burning heat over the whole body, especially violent in the head, with internal shivering and chilliness, without thirst ; when he desires to drink, the water becomes repugnant to him, and he is able to drink only a little at a time : Helleb nig.

Three evenings in succession, great restlessness with pressive headache and feverish heat : Ruta.

Evening heat with coryza, alternating with cold : Cepa.

(To be continued).

ADRENALIN CHLORIDE raises the blood-pressure enormously and causes a rapid pulse. Hence it should be thought of in cases of arteriosclerosis in which the pathological conditions predominate and subjective symptoms are few or mostly pathognomonic. Since cure is out of the question, in advanced cases at least, palliative results are only to be looked for. In tachycardia, neurotic in origin, the remedy may be indicated and in one such case, now under treatment, the 30th potency is proving beneficial. In this case there are no organic cardiac or other lesions present. Sensations of turning over in the heart region have been prominent, with intermittency of heart beat and pulse.—*Hom. Recorder.*

SOCIETY'S MEETING.

BRITISH HOMŒOPATHIC SOCIETY.

THE second meeting of the Society was held on November 4th at the L.H.H., with Dr. Neatby, the President, in the Chair. Dr. Burford showed two very interesting specimens. Dr. Peart was proposed for membership, and Doctors Annison, Banks, Lee, Mrs. Lee, Hughes, McGillop and S. Spencer were elected.

After this preliminary business Dr. E. Bach read a paper, embodying the account of a series of cases treated with vaccines and demonstrating the close relationship between the best method of using these remedies and the Hahnemannian method of the isolated dose. The cases were admirable examples of success in diseases, mainly chronic and refractory, and Dr. Bach was deservedly congratulated upon his results. The debate was opened by Dr. C. E. Wheeler, and continued by Dr. Fergie Woods, Dr. Goldsbrough, Dr. Day, Dr. Hall Smith, Dr. Weir, Dr. Burford, Dr. Wynne Thomas, Dr. Hey, Dr. Green, Dr. Neatby, and Dr. Bach replied.

The Dinner Club met subsequently at the Holborn Restaurant. At the close of the dinner the Dudgeon Cup was presented to the winner of the annual golf competition, Dr. J. Powell.

ACTION OF THE ULTRAVIOLET LIGHT ON THE INTRADERMIC TUBERCULIN REACTION.—In studying the action of the ultra violet light, Edgar Mayer, of Saranac Lake performed experiments as follows: (1) Tuberculous guinea pigs were exposed to the light and then given intradermic tests; (2) tuberculous guinea pigs were given tests and then exposed to the light; (3) old tuberculin that had been exposed to the light was used for intradermic tests on tuberculous guinea pigs; and (4) tuberculous patients were given skin tests both before and after exposure to the light, while some were tested with tuberculin that had been exposed. Mayer finds that exposure of the skin to the light, both before and after the intradermic test, tends to blunt the skin reaction to tuberculin; and that tuberculin exposed to the light loses some of its capacity to produce reactions.—*American Review of Tuberculosis*, April, 1920, Vol. IV., No. 2.

BRITISH HOMŒOPATHIC ASSOCIATION (INCORPORATED),

Chalmers House, 43, Russell Square, W.C.1.

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A meeting of the Executive Committee was held at Chalmers House on Wednesday, the 17th November, at 4.30 p.m.

A grant of £100 has been made from the Beit Research Fund of the B.H.A., to Dr. S. Judd Lewis, in aid of an investigation of the ultra-violet absorption spectra of Blood Sera associated with cancer.

The Association has procured, in pamphlet form, a reprint (from the *British Homœopathic Journal*) of Dr. John P. Sutherland's Presidential Address at the

Meeting of the International Homœopathic Council at The Hague, August, 1920, the title of which is "The Idealism of Homœopathy." Copies can be obtained on application to the Secretary of the B.H.A., at 43, Russell Square, W.C.1.

CORRESPONDENCE.

[TO THE EDITOR OF "THE HOMŒOPATHIC WORLD."]

SIR.—Will you permit me to cite, in aid of Dr. Thomas' criticism of the allopathic use of iron—(H.W., 1st Nov., 1920, p. 423)—a passage from the writings of the late Dr. Leopold Salzer. Examining the merits of the so-called "food-medicines," paraded by the Physiological School as convincing examples of what can be attained in therapeutics by attending to the chemistry of the organism, he shows that the claims of therapeutic chemistry are baseless. The success of preparations of iron in anæmia, of phosphate of lime in cases of deficient ossification, and, possibly, the use of alkalies to neutralise an excess of gastric juice, or of acids to supplement the natural (acid) secretion of the stomach when deficient, is capable of true explanation only upon other than chemical grounds. He writes :—

"The living organism normally derives its supply of iron from its ordinary (vegetable or animal food), in which this metal exists in an organised state, duly prepared for assimilation. It is chiefly found in the *hæmatin*, on which the colour of the blood corpuscles depends. Its absence is marked by a morbid state, called anæmia ; and since the administration of preparations of iron prove themselves capable of removing that state, it is supposed that restoration to health, in this case, is owing to the mere addition of a chemical ingredient. Those who argue in this way, however, forget that in the above disorder the fault is really not due to deficiency of iron supplied, but resides in the blood-corpuscles, which fail to assimilate it. The anæmic patient may consume the same food as usual, often eat more ; he

or she will nevertheless remain anæmic. When the inorganic iron mends such a state, it is not in its quality as food that it acts, but in its quality as a remedial agent by virtue of which it restores the dynamic process of assimilation.

“Similarly with phosphate of lime. Here we have the testimony of Beneke, who has made a special study both of the physiological and therapeutic action of this substance. He has shown that the phosphate of lime is especially useful in those very diseases, in which *it occurs in excess in the urine*, as hectic and chronic diseases accompanied by wasting. For answer to the question how far the dynamic action of iron is (secondarily) homœopathic to anæmia, we must refer the student to the *Materia Medica* of Hahnemann and Hempel. There is, it would appear, an antagonism between the chemical and dynamical result of certain medicinal substances. We know, for instance, that the acids *check* the acid secretion of the gastric juice, while the alkalies *promote* that secretion. On the other hand cases are on record, where the stomach of cadavers victimised by arsenic, has withstood decomposition for a long time in spite of the known destructive affinity of this drug to the living tissue of the stomach. Ozanam has observed that the pseudo-membrane of croup is best solved by bromine; while provings on the healthy with that drug show that it is apt to produce an inflammation of the laryngeal mucous membrane, ending with exudation of coagulable lymph similar to that of croup. . . .” (p. 162, *Homœopathy, an Inductive Method of Cure*, 1871).

Etc.,

W. H. KNIGHT.

University of London Club,
6th November, 1920.

ARUNDO MAURITANICA.—This is an Italian grass, hence suggestive of hay-fever, and is a very useful remedy to be given during such an attack when, with the ordinary symptoms of coryza, an itching, tickling sensation is present in the nostrils and especially so upon the roof of the mouth. A burning sensation on the palate may be spoken of.—*Hom. Recorder*.

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By **CHARLES E. WHEELER, M.D., B.S., B.Sc. (Lond.),**
Editor of the Homœopathic World.

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